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GOVERNMENT DOCUMENTS

SUBMISSION TO:

Special Ad Hoc Committee

on Health Services Development --

Hamilton District Health Council

SUBMITTED BY:

HAMILTON CIVIC HOSPITALS

FEBRUARY 1, 1974

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Hamilton District Hospital

Hamilton, Ontario

SUBMITTED BY:

Dr. J. H. ...

HAMILTON CIVIC HOSPITAL

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FEBRUARY 1, 1974

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When the Ad Hoc Committee met on January 9, 1974, recommendations were developed, which along with minutes of the committee meeting, were presented to and approved by the Hamilton District Health Council on January 14th, 1974.

Amongst the recommendations, were the following which specifically relate to the Hamilton Civic Hospitals:

"The Hamilton Civic Hospitals be requested to study and report back to this Ad Hoc Committee:

A. The feasibility of changing the role of the present Hamilton General Hospital to that of a major diagnostic and treatment facility for ambulatory and very short term care.

B. The advisability, cost and timing of developing a teaching hospital to service the area in the extreme east end as indicated in the population projections and spreads within the county.

C. To study and report on the requirements to make the Henderson General Hospital a more comprehensive service and treatment teaching hospital."

It is in direct response to these recommendations that this submission has been prepared.

The Ad Hoc Committee should be aware that most of the information on which this submission has been based was already available to the Hamilton Civic Hospitals, and has been pertinent to the decisions taken to date regarding both the role of and physical plant development of the Hamilton General and Henderson General Hospitals.

It is the feeling of the Hamilton Civic Hospitals that relevant response to the specific questions asked, can only be made if both the questions and answers are considered in the context of the fundamental

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philosophies relating to Health Care, including service, education and research, that apply in the Hamilton Region.

These concepts date back to the formative years of the present Hamilton District Health Council, and are the basis upon which the Hamilton District Health Council and the McMaster Medical School operate. These principles are particularly relevant to Hamilton because of its critical size; namely large enough to be a major and significant community force in Canada and North America, yet compact enough to allow for effective communication and co-operation.

The relevant philosophies relating to Health Care in the Hamilton Region are encompassed in the word "Regionalization". Both "hub" and "network" concepts apply in defining Regionalization. In brief, "hub" connotes the avoidance of reduplication of those facilities that you neither require more than one of, nor can afford more than one of: while "network" ensures that all facets of the health care delivery system have communication with each other and active support from the various specialized centres in providing excellence of general health care.

The Medical School, from its outset, has planned and operated on the principle of being involved with a network of major affiliated teaching hospitals, to avoid the pattern of "satellite" peripheral hospitals relating to an "ivory tower" specialized health sciences centre. This latter pattern leads to double standard, town-gown problems and gradual diminution of quality and enthusiasm that evolves from being an active part of a health care delivery system that encompasses service, education and research.

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philosophies relating to health care, including service, education and research, that apply in the Hamilton region.

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Great care in planning has gone into the development of the

network system in Hamilton, and to the logical assignment of programmatic responsibilities to the various affiliated teaching hospitals or "health care centres". These programmatic responsibilities are outlined in detail in the body of the report. Significant examples include the responsibility of M.U.M.C. to provide major educational resources for undergraduates, and certain specialized and non-reduplicated clinical and research facilities; the responsibility of St. Joseph's Hospital to be the site for development in Respirology and Nephrology with all of the sophisticated detail and equipment required for kidney transplantation; the responsibility of Chedoke Hospitals to be a major rehabilitation centre; the responsibility of the Hamilton Civic Hospitals at the Henderson General Hospital to provide leadership in Cancer Research and Therapy, Obstetrics and Gynecology, and the Hamilton General Hospital to mount the major programs in Adult Cardiac Investigation and Surgery, Neurosciences and Trauma. It must also be noted that each of these major facilities, while fulfilling its special role in the network, must serve as the general medical centre for its local population.

The responsibility lies with the community to provide "fertile ground" for development of university programs, while at the same time the university has a responsibility to maintain its presence in each of the components of the community health care network. An excellent common standard of health care derives from this combination of service education and research.

We have elected to develop our response to the committee's request under the following main headings:

1. Role of the Hamilton General Hospital

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under the following main headings:

1. Role of the Hamilton General Hospital

2. The servicing needs of the Hamilton Civic Hospital's catchment areas, with particular regard to future population growth.
3. The site location of facilities, with reference to accessibility, cost and future flexibility to meet change, and roles.
4. The requirements of the Henderson General Hospital with reference to service and teaching.

We have also endeavoured to develop the report so that the first segment constitutes a summary of our findings and conclusions, the second segment a more detailed development of our thinking, and supplemental to those segments are various appendices providing supportive data for the committee's consideration.

2. The servicing needs of the Hamilton Civic Hospital's catchment areas, with particular regard to future population growth.
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SUMMARY

1. Since the role of the Hamilton General Hospital is unique, in that it provides the specialized regional programmatic responsibilities in adult cardiac investigation and cardiac surgery, neurosurgery and other neurosciences, and burn care; has the heaviest Workmen's Compensation and trauma loads in the area; and a service area which pulls heavily from the area of the city below the escarpment and east central as well as out of the area towards Brantford and the Haldimand-Norfolk area,
and since its personnel and equipment resources are geared to this role,
and since it currently has a massive ambulatory case load which would actually reduce without in-patient back-up
and since the network concept in Hamilton requires reasonable geographic proximity to other institutions to provide for the maximum utilization of physical and personnel resources in service, education and research,
and since it supplies a comprehensive hospital service at a community level (except obstetrics) to residents of the area,
Therefore we do not believe it is feasible to change the role of the Hamilton General Hospital.
2. Since the east end of the region is currently adequately serviced principally by Hamilton General, Henderson General and Joseph Brant Hospitals,
and since the major determinants in deciding where a patient is hospitalized relate to his condition and where his physician chiefly works, and under programmatic planning these determinants will become more important,

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and since the population estimates for east end growth are over-estimated according to the Provincial Ministry of Treasury, Economics and Intergovernmental Affairs, and since even if those forecasts were correct, more people are serviced by the Hamilton General now between Wellington and Kenilworth and below the escarpment, than are forecast to reside in Saltfleet and Stoney Creek in 1980.

Therefore we do not believe a hospital should be developed at this time in the extreme east end.

3. Since, if the forecasts for growth of the Hamilton-Wentworth Planning Department prove more accurate than those of Ontario, an additional 200 plus beds will be required by the 1980's than are currently being planned for,

and since it is possible that regional municipal government planning may result in more central Wentworth growth than East end growth,

Therefore we feel the location of future additional facilities should be carefully considered in the light of actual future developments, and the present location of Hamilton General Hospital enables it to service expanding populations whether east end or central mountain.

4. Since the cost of developing a new hospital in the extreme east end will be substantially greater than the cost of re-developing Hamilton General,

and since such a development would exceed the funds available,

and since such a development would preclude the expenditure of funds on other institutions in the Health Sciences district,

Therefore, we believe the most rational use of resources supports the proposal approved by H.D.H.C. to redevelop the Hamilton General Hospital in its present location.

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Therefore we do not believe a hospital should be developed at this time in the extreme east end.

3. Since, if the forecasts for growth of the Hamilton-Kentworth Planning Department prove more accurate than those of Ontario, an additional 300 plus beds will be required by the 1980's than are currently being planned for,

and since it is possible that regional municipal government planning may result in more central Kentworth growth than East end growth,

Therefore we feel the location of future additional facilities should be carefully considered in the light of actual future developments, and the present location of Hamilton General Hospital enables it to service expanding populations whether east end or central mountain.

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Therefore, we believe the most rational use of resources supports the proposal approved by H.D.H.C. to redevelop the Hamilton General Hospital in its present location.

5. Since Henderson General currently offers a broad range of general and special medical services including rehabilitation, emergency care and obstetrics and gynecology,

and since, for example, it has currently a better lecture theatre than most facilities other than M.U.M.C. in Hamilton, along with teaching units, conference rooms, both hospital operated and shared with the Cancer Clinic,

and since funds are budgetted in the current 1974 capital program to be financed from the hospital's own resources for locating additional full-time University staff,

and since funds for the appropriate physical expansion of laboratories and radiology are included in the Health Resource Development proposal,

and since the Hamilton Civic Hospitals has undertaken to make a high priority of the additional support areas for teaching to be funded from its own future capital resources (not as a charge against O.H.R.D.P. funds)

Moreover, the Oncology program relates to the Cancer Clinic which is capable of expansion from funds outside O.H.R.D.P. forces (i.e. special government grants)

Therefore we believe the Henderson General Hospital does now and will continue to function as a comprehensive service and teaching hospital.

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REPORT OUTLINE

The body of this report has been developed under the following headings:

1. Role of the Hamilton General Hospital
2. The servicing needs of the Hamilton Civic Hospitals' catchment areas, with particular regard to future population growth
3. The site location of facilities, with reference to accessibility, cost and future flexibility to meet change, and roles
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1. The Role of the Hamilton General Hospital

Presently, the role of the Hamilton General Hospital is manifold and includes the following:

i. To provide a medical hub comprising diagnostic and treatment facilities for the care of patients living in the north central and northeast quadrants of the City of Hamilton, and support services for the physicians servicing this population, of both an in-patient and out-patient type. (See appendix A)

ii. To provide an ambulatory care centre for the population of the city inner core who have no personal physicians or who are transient. It should be noted that the Hamilton General Hospital has operated an organized out-patients department at this site since the late 1800's, which was the only such facility in Hamilton until the opening of M.U.M.C.

iii. To provide a highly sophisticated emergency department to service the north central and north east segments of the community with special emphasis on multiple injury problems arising from the industrial complex which the hospital services best in its present location, and from highway accidents (the hospital being accessible to highways from the East, West and Central Mountain). It should be noted that the Hamilton General Hospital handles the largest load of Workmen's Compensation cases in Hamilton, and is second only to Toronto General in Ontario, in terms of volume of W.C.B. cases. (see appendix B)

iv. To provide certain types of highly specialized, non-reduplicatable services to the whole Hamilton district in keeping with the Health Council's and University's endorsed plan for Regional care (see appendix C). These include such programs as neuro-sciences, trauma,

burn unit, forensic pathology, open heart surgery and special heart investigation. In this regard, it should be noted that these services were pioneered by, established by, and developed by the Hamilton General Hospital during an era pre-dating the medical school.

v. To provide teaching programs and facilities appropriate to the service role and in keeping with the program policy established by the H.D.H.C. and McMaster University.

vi. To maintain facilities for the Hamilton Civic campus of the Department of Nursing of Mohawk College, and to provide clinical teaching facilities for that program and other allied health training programs associated with Mohawk College, McMaster University Faculty of Nursing, and the Registered Nursing Assistants program.

vii. To operate, on behalf of H.D.H.C., the Detoxication Unit of Greater Hamilton.

viii. To participate jointly with other elements of H.D.H.C. in such outreach programs as are developed by H.D.H.C. and within the financing and organizational policies of the Ministry of Health of Ontario.

In considering the role change described in the Ad Hoc Committee's minutes of January 9th, it becomes immediately apparent that the change involves a reduction in role by elimination, rather than a change in role by altering to activities not now carried out.

The Hamilton General Hospital is now a major centre for ambulatory care. In 1972 it handled over 100,000 out-patients (see appendix D). For example, more than 1/2 of all x-ray work done was for out-patients. However, much of the ambulatory care rendered relates to medical care for which back-up services are available because of the in-patient program.

It would not be feasible, for example, to provide emergency care for multiple injuries, thoracic trauma or respiratory failure, without the in-patient resources available.

Moreover, the hospital does not consist of a physical structure alone but of a complex organization of professional, technical and support personnel, who have been painstakingly recruited and trained for their particular roles. For example, the radiologists represent sub-specialized skill for neurosciences, cardio-vascular sciences, gastro-enterology and thoracic disease, and they deal with routine x-ray work as an adjunct rather than a primary role. Therefore, the role change suggested for Hamilton General would require the changing of the careers, and therefore of the people involved, at both a professional and technical level. This same situation would apply in laboratories, emergency, operating theatres, nursing units and throughout the complex. In short, the type of role change suggested would amount to having to completely disrupt the organization, and the careers of more than 1,200 hospital staff and perhaps 100 specialty medical staff whose current responsibilities are linked to the identified and necessary current hospital program. Moreover, these skills would then require to be developed in one or more other locations since much of the patient care given at Hamilton General is unique to the area.

It is pertinent to note that the operational cost of hospitals makes the capital cost of erecting them seem small by comparison. Thus, the amount spent annually to operate any hospital represents between 1/3 and 1/2 the cost of building it. Capital considerations regarding physical plants, therefore, should not be the principle considerations governing health care programs.

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Since the programs currently based at Hamilton General are deemed necessary for the area, and since the relocation of these activities to a different organization would entail both personnel stress and capital and operational expense to remount, and since the current hospital has both the skill and expertise to efficiently operate the programs, it would not be feasible to alter the role of the hospital as suggested.

Further, it is again reiterated that those resources necessary to provide for only very short term care are such as to reduce the hospital's capacity in the ambulatory field from the level currently available. One cannot provide comprehensive emergency care related to the current patient loads, without the back-up laboratory, radiology and operating facilities, and specialized medical staff related to comprehensive in-patient facilities. To do so, is to entice an emergency care patient into a facility ill prepared to deal with all the life-threatening situations to be faced.

Hamilton General Hospital currently provides a wider range of ambulatory care than any hospital in Hamilton. To continue to do so makes the role change suggested unfeasible.

Since the program currently based at Hamilton General are deemed necessary for the area, and since the relocation of these activities to a different organization would entail both personnel stress and capital and operational expense to removal, and since the current hospital has both the skill and expertise to efficiently operate the programs, it would not be feasible to alter the role of the hospital as suggested.

Further, it is again re-emphasized that those resources necessary to provide for only very short term care are such as to reduce the hospital's capacity in the ambulatory field from the level currently available. One cannot provide comprehensive emergency care related to the current patient loads, without the backup laboratory, radiology and operating facilities and specialized medical staff related to comprehensive in-patient facilities. To do so, is to enter an emergency care patient into a facility not prepared to deal with all the life-threatening situations to be faced by the patient.

Hamilton General Hospital currently provides a wider range of ambulatory care than any hospital in Hamilton. To continue to do so makes the role change suggested undesirable.

2. The servicing needs of the Hamilton Civic Hospitals' catchment areas, with particular regard to future population growth.

The catchment areas of all of the hospitals in Hamilton overlap and shift, since the relative proximity of the population to the hospital site is of less significance in determining to which hospital the patient goes, than is the problem for which the patient is admitted, or the hospital relationship of his physician.

Thus, it is that all patients in need of renal dialysis in the whole of the Hamilton district go to St. Joseph's, all radiotherapy patients go to Henderson General, all heart surgical patients to Hamilton General, and all critically ill newborns to M.U.M.C. This is a side effect of programmatic planning, and as further developments in this regard take place, such specific facility utilization will increase, regardless of the location of the patient's home within the area. Similarly, there are extreme east end physicians who routinely admit to St. Joseph's Hospital, and extreme west end physicians who routinely admit to Hamilton General or Henderson General because these are their hospitals of principal affiliation.

However, we have carefully considered the access of patients to hospital from the eastern extremity of Hamilton, and from Saltfleet Township, and Glanford Township above the escarpment.

The bed complement to which the Hamilton hospitals are working during the 10 year planning period as established by the Ministry of Health, assume a population to be serviced of 472,113 by 1981 (see appendix E), whereas the data tabled by Mr. Auld to the Ad Hoc Committee assumes a population of 499,861 by 1980 (see appendix F). The H.D.H.C. has previously identified such a variation in forecasts between the government of Ontario and the Hamilton Wentworth planners. The Province has clearly said it will

not accept the local figures, but it is plain that if local data proves to be correct, then more facilities will be required than our present H.D.H.C. planning allows for.

Further, the figures tabled by Mr. Auld represent a compendium of data from 2 local planning groups, viz. the City of Hamilton, and the Hamilton-Wentworth Planning Board. If we look at only the Hamilton-Wentworth Planning Board data, the discrepancy is even greater, since that body projects a population on its low estimate of 528,733 by 1981, and on its high estimate of 569,614 by 1981, both of these compared with the 472,113 figure on which our allowable facilities are based (see appendix E p. 3).

It is a reasonable assumption, since the City of Hamilton figures are more conservative than those of Hamilton-Wentworth, that much of the distortion occurs in the Wentworth County area, and it is our belief that the growth forecasts for the eastern section of Wentworth County are over-estimated. Certainly, that is the belief of the Ministry of Health.

If we refer to Appendix F tabled by Mr. Auld, it reflects a growth in population from 1972 to 1980 of 102,014, whereas the Ministry of Health limit places growth from 1972 to 1981 at 74,266. Adjusting Ministry growth figures arithmetically from 1981 to 1980 produces a Ministry growth limit of 66,000. Since the beds we are considering allocating are related to Ministry figures, the growth estimates for each area in appendix G are over-estimated and should be pro-rata reduced to $\frac{66}{102}$ of the table or to 67.3%. We have attached a table (appendix H) reflecting these changes. Such a calculation (see appendices G and H) would suggest an east end Wentworth County growth of 32,460.

There are 3 hospitals currently servicing this area viz. - Henderson General, Hamilton General and Joseph Brant Hospital in Burlington.

Moreover, the total growth will not fall upon these 3 hospitals alone since programmatic planning and physician-hospital relationship will result in all institutions participating in servicing this population. Further, more than 50% of the growth in Hamilton-Wentworth reflected in appendix F is in areas of the region, other than the East End of Wentworth County, and all of the regional growth will be shared in by all of the Hamilton Hospitals in similar fashion.

Finally if the Hamilton-Wentworth figures of growth, even on low estimate prove to be right with a population of 528,738 by 1981, as compared with the Ministry limits of 472,113, the additional 56,625 people will justify an additional 226 beds in Hamilton-Wentworth than are currently planned for. This would constitute a viable hospital facility for site consideration at that time as an addition to the resources being planned currently.

If a satellite city develops with an even larger population than our various projections from the city of Hamilton and from the Hamilton Wentworth Planning Area Board, then it might be appropriate to include a feeder hospital in such a development. It should also be noted that the development of expressways and rapid access routes would influence the location of future added resources, as between the area above and below the escarpment and as between the extreme east end and a south central location. The point is that such a development would justify more and additional resources than are currently under consideration.

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Finally if the Hamilton-Wentworth figures of growth, even on low estimate prove to be right with a population of 258,738 by 1981, as compared with the Ministry limits of 452,112, the additional 20,622 people will justify an additional 222 beds in Hamilton-Wentworth than are currently planned for. This would constitute a viable hospital facility for site consideration at that time as an addition to the resources being planned currently.

If a satellite city develops with an even larger population than any various projections from the city of Hamilton and from the Hamilton-Wentworth Planning Area Board, then it might be appropriate to include a further hospital in such a development. It should also be noted that the development of expressways and rapid access routes would influence the location of future coded resources, as between the area above and below the escarpment and as between the extreme east end and a south central location. The point is that such a development would justify more and additional resources than are currently under consideration.

3. The site location of facilities with reference to accessibility, cost and future flexibility to meet change, and roles.

- 3.a Accessibility (see appendix A):

The Henderson General Hospital is situated on the escarpment at the intersection of the Sherman Cut and Concession Streets. It is accessible, therefore, through major traffic arteries to the Central and East Mountain growth areas, including the development being considered on the Mountain West of #20 Highway. It is also accessible to the Saltfleet, Stoney Creek area via the Kenilworth Access which connects with King Street, Main Street and Lawrence Road. This location was considered with reference to extreme East end development when the Henderson General was expanded in 1962 - 65, and timing studies carried out then and since indicated time-lapse accessibility which compared favourably with access of urban population to hospitals elsewhere.

The Joseph Brant Hospital is located at the Burlington end of the Skyway access route and it is accessible via Highway #20 and Winona Roads and the Q.E.W. to the Saltfleet, Stoney Creek area. Even currently, it is utilized by eastern Saltfleet residents and physicians, and several Stoney Creek physicians are senior members of that Hospital's staff. Now that Skyway tolls have been removed, and plans for expansion of the Skyway route are being presented to Halton and Hamilton-Wentworth Regional Governments, the role of Joseph Brant Hospital with reference to Saltfleet Township must be appreciated.

The Hamilton General Hospital is located on Barton Street East

between Victoria and Wellington Streets, which are one-way accesses providing not only crosstown transit in the lower city, but 5 minute access to the central mountain, and via #6 Highway to South Central Wentworth County. Further, the hospital is located only a few blocks south of the new Burlington Street Industrial Expressway which provides rapid access to the General Hospital from Saltfleet Township and the east end industrial and residential-commercial areas. In a study conducted by the Emergency Committee of the H.D.H.C. during 1972 it was demonstrated that 81.1% of the Stoney Creek area patients transferred by ambulance to hospitals, went to Hamilton General, Henderson General, or Joseph Brant Hospital (see appendix 0), and that 45.8% of such admissions were to Hamilton General, a fact which supports the present accessibility of Saltfleet residents to that site.

However, that same study showed that 65.5% of all ambulance admission to Hamilton General came from the downtown area (i.e.: defined as between West Hamilton and Stoney Creek and below the escarpment) whereas only 45.9% of such admissions to St. Joseph's Hospital were from downtown. While the largest single proportion of Stoney Creek ambulance admissions were to Hamilton General, these comprised only 4.3% of all such admissions to Hamilton General, and the Mountain area contributed a slightly higher (4.4) per cent of the total load.

We believe that the eastern extremity of the regional area is triangulated by 3 hospitals (Hamilton General, Henderson General, and Joseph Brant) which meet the servicing needs of that Eastern

extremity, and that each of these hospitals are accessible to citizens of the East Wentworth area because of their relative adjacency to traffic corridors. There is, as well, the West Lincoln Memorial Hospital which services population in the Winona area and which has been recently upgraded. Moreover the total population forecast for the Saltfleet, Stoney Creek areas by 1980, is less than the population which currently resides in the area between the escarpment and the bay, and Wellington St. and Kenilworth Ave., and which comprises the largest downtown service area of the Hamilton General (see appendix I).

There is appended, a study carried out of ambulance dispatching and access (appendix J), which demonstrates that lapsed time for access from Stoney Creek-Saltfleet to each of the Hamilton General, Henderson General, and Joseph Brant Hospitals compares with comparable lapsed time for access to hospitals elsewhere in the district.

3.b Costs and flexibility to meet change.

To develop an east end hospital, assuming a physical plant of approximately 400 beds, the cost is estimated at \$41,822,000. (see appendix K)

To redevelop the Hamilton General to fulfill the same role is estimated @ \$25,000,000. The gross square footage of space retainable on the present site is 376,600 which at an average cost of approximately \$38.90 per sq. ft., is replacement valued at \$14,658,000. (see appendix L)

These figures indicate that we would be spending \$16,822,000.

extremity, and that each of these hospitals are accessible to
efficiency of the East Vancouver area because of their relative
adjacency to traffic corridors. There is, as well, the vast
Lincoln Memorial Hospital which serves population in the West
area and which has been recently upgraded.
Moreover the total population forecast for the Salish, Stoney
Creek areas by 1980, is less than the population which currently
resides in the area between the escarpment and the bay, and
Wellington St. and Kensington Ave., and which comprises the largest
downtown service area of the Hamilton General (see appendix I).
There is appended, a study carried out of ambulance dispatching
and access (appendix J), which demonstrates that elapsed time for
access from Stoney Creek-Salish to each of the Hamilton General,
Henderson General, and Joseph Brant Hospitals compares with
complete elapsed time for access to hospitals elsewhere in the
district.

3.b. Costs and flexibility to meet change.

To develop an east end hospital, assuming a physical plant of
approximately 600 beds, the cost is estimated at \$41,825,000.
(see appendix K)
To redevelop the Hamilton General to fulfill the same role is
estimated @ \$25,000,000. The gross square footage of space
retainable on the present site is 376,000 which at an average cost
of approximately \$38.90 per sq. ft., is replacement valued at
\$14,620,000. (see appendix L)
These figures indicate that we would be spending \$16,025,000.

additional for the dubious advantage of locating further east, while simultaneously reducing the capability of the Hamilton General Hospital to meet all of its defined roles, and to service growth in central mountain and south central Wentworth areas.

Finally, this cost would absorb all of the capital available for all Hamilton region development, precluding the deployment of funds elsewhere to meet identified requirements for teaching. In fact, such a move would cost more than is available.

Alternatively, we have earlier pointed out, that the key question hinges on the validity of various growth forecasts. If the Hamilton-Wentworth estimates prove in the future to be more accurate than those of the Ministry of Treasury, Economics and Intergovernmental Affairs, then more resources than are currently being planned for will be required, and at that time the development of a hospital facility in East Wentworth could be considered. It should be pointed out that the previous growth patterns of the Hamilton area have suggested an East-West development paralleling the lines of the escarpment and the Bay and Lake. However, under the influence of Hamilton-Wentworth regionalization, it is conceivable that a shift to North-South development can occur, and this is likely to be heightened by developments of the steel industry in the Nanticoke area. In such an eventuality, the present location of Hamilton General is a better site than would be an east end hospital, since accessibility to an east end site from the central mountain is limited.

In appendix M submitted to this committee by Mr. Auld, it is

additional for the obvious advantage of locating further east, while simultaneously reducing the capability of the Hamilton General Hospital to meet all of its defined roles, and to service growth in central mountain and south central Hamilton areas.

Finally, this cost would absorb all of the capital available for all Hamilton region development, precluding the deployment of funds elsewhere to meet identified requirements for teaching, in fact, such a move would cost more than is available.

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In appendix B submitted to this committee by Mr. Auld, it is

noteworthy that the area of major growth in the period 1973 - 1995, is the central mountain, and large areas in the same general mountain region are forecast for development by the year 1978. Those areas, because of the #6 Highway - Wellington - Victoria mountain accesses are easily accessible in short time lapse to the present Hamilton General site.

3.c Hospital roles.

Earlier in this document, the defined role of the Hamilton General Hospital has been generally described. Subsequently we have shown that its service load is more related to east and central Hamilton, than to Stoney Creek - Saltfleet, notwithstanding that it is the largest provider of service to East Wentworth. This is a factor of service area size and notwithstanding the rate of growth in East Wentworth, the existing and future population of East Wentworth is small compared with that of the City proper.

We should point out that Hamilton General in its present location is more significant in its role of servicing patients outside Hamilton-Wentworth than are other institutions in Hamilton. Again, referring to the H.D.H.C. study on emergency care and ambulance service, we have appended maps reflecting the ambulance admission service areas of each of the area hospitals (see appendix N). That describing Hamilton General's area reflects that it is the major provider of service to Brantford and the Haldimand-Norfolk County areas, a role which is significant to its teaching responsibilities.

A hospital -- any hospital -- does not consist of beds alone.

noteworthy that the area of major growth in the period 1975-1985 is the central mountain, and large areas in the same general mountain region are forecast for development by the year 1975. Those areas, because of the A1 Highway - Wellington - Victoria mountain accesses are easily accessible in short time lapses to the present Hamilton General site.

3.2 Hospital roles.

Earlier in this document, the defined role of the Hamilton General Hospital has been generally described. Subsequently we have shown that its service area is well related to east and central Hamilton, that to Stony Creek - Fairfield, notwithstanding that it is the largest provider of service to East Wentworth. This is a factor of service area size and notwithstanding the rate of growth in East Wentworth, the existing and future population of East Wentworth is small compared with that of the City proper. We should point out that Hamilton General in its present location is more significant in its role of servicing patients outside Hamilton/Wentworth than are other institutions in Hamilton. Again, referring to the H.D.H.C. study of emergency care and ambulance service, we have appended maps reflecting the ambulance admission service areas of each of the area hospitals (see appendix H). That describing Hamilton General's area reflects that it is the major provider of service to Hamilton and the surrounding Norfolk County areas, a role which is significant to its teaching responsibilities.

A hospital as any hospital does not consist of beds alone.

Each hospital is a ~~complex comprising therapeutic and diagnostic~~ services, medical, other professional and ~~technical~~ staff, and the total capability is available for both in-patient and ambulatory clients. It is true, however, that the character of a hospital derives from its core programs, and it would be erroneous to believe that a 500 bed hospital is simply the same thing as a 250 bed hospital but double in size. Neither would it be true to assume that a suburban general community service hospital is the same thing as an urban teaching hospital. Perhaps this is best expressed by Dr. Michael Brain of McMaster University who is the Professor of Medicine and Co-ordinator of the Haematology Program of the Hamilton service and university complex who described it this way:

"The fundamental issue is the future contribution of the Hamilton Civic Hospitals to the Health Care Needs of the Hamilton community. Implied in this, and still supported by Dr. Mustard, is that we are planning a network of related hospitals able to contribute both generalized and specialized care, rather than a series of peripheral hospitals relating to a specialized health sciences centre. An important generality to the concept is that the institutions must be sufficiently closely related geographically to achieve maximal utilization of physical and personnel resources in service, education and research. There must be a compromise between immediate benefit to population and the longer run benefit in maintaining an integrated regional program."

If a hospital is developed in east Hamilton, it would be chiefly because of the conventional belief that a hospital should

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If a hospital is developed in east Hamilton, it would be chiefly because of the conventional belief that a hospital should

be immediately adjacent to that population. Because of our programmatic planning in Hamilton, however, only the community type of care would be delivered there. The specialized care would still be given elsewhere, and this raises such questions as whether a 4th obstetrical unit should be developed and a 5th pediatric unit, when the existence of 3 obstetrical and 4 pediatric units is being questioned already.

Further, all of the emergency care could not be delivered in such a community feeder hospital because of the lack of in-patient back up.

Alternatively, if one considers developing a teaching hospital in the extreme east end, this would entail the purposeful inclusion of services some of which would be fulfilling a service program for the whole of the area. We would then have exchanged the need for east end residents to go further for routine care, for the need for central and west end residents to go further for more complex, less routine care. Moreover, the relationship of the Hamilton General Hospital to other Hamilton hospitals in terms of accessibility is now good, because of the relative distances between them. The transfer of patients, medical personnel, and students and trainees between hospitals comprising the teaching complex would in fact be made more difficult if an east end teaching hospital was developed.

An east end hospital would therefore be a community feeder hospital, possibly reduplicating general services in such fields as obstetrics and pediatrics and of very marginal use for teaching or an artificially contrived major service and teaching hospital in

be immediately adjacent to that population. Because of our
programmatic planning in Hamilton, however, only the emergency
type of care would be delivered there. The specialist care would
still be given elsewhere, and this raises such questions as
whether a full obstetrical unit should be developed and a full
paediatric unit, when the existence of 2 obstetrical and 1 paediatric
units is being questioned already.

Further, all of the emergency care could not be delivered in
such a community feeder hospital because of the lack of in-patient
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An east end hospital would therefore be a community feeder
hospital, possibly redistributing general services in such a way
as to free obstetrics and paediatrics and of very marginal use for teaching or
an artificially conceived major service and teaching hospital in

the wrong location in the area.

It is therefore, not advisable to consider the development of a teaching hospital to service the extreme east end, nor is such a facility warranted in the light of population projections. The extreme easterly neighbourhoods of Hamilton (districts 53, 26, 49, 71, 81, 85, and 86 (see appendix G)) are not forecast for any growth. Those reflecting greatest growth are both closer to the escarpment, and further west, and therefore easily serviceable by existing hospitals. The forecasted populations for Saltfleet and Stoney Creek (even using the over-estimates in terms of Provincial thinking) are for 55,000 and 9,400 or a total of 64,500 people. This compares with a population between Wellington and Kenilworth currently of approximately 80,300 based on 1971 census (see appendix I). Finally the growth in Binbrook - Glanford areas more appropriately relate to Henderson General, since these areas are above the escarpment, and are more accessible to Henderson than to a physical site in the extreme east end below the escarpment.

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extreme easterly neighbourhoods of Hamilton (districts 23, 25, 49,

71, 81, 82, and 86 (see appendix 2)) are not forecast for any growth.

Those reflecting greatest growth are both closer to the escarpment,

and further west, and therefore easily serviceable by existing

hospitals. The forecasted populations for Saltfleet and Stoney

Creek (even using the overestimates in terms of Provincial thinking)

are for 22,000 and 2,400 or a total of 24,500 people. This compares

with a population between Wellington and Kaitiaki currently of

approximately 60,300 based on 1971 census (see appendix 1).

Finally the growth in Birkbeck - Glanford areas more appropriately

relate to Henderson General, since these areas are above the

escarpment, and are more accessible to Henderson than to a physical

site in the extreme east end below the escarpment.

4. The requirements of Henderson General Hospital with reference to service and teaching.

The Henderson General Hospital currently offers a wide range of general and specialized medical services, including rehabilitation and chronic care. It has a large and busy Emergency Department handling in excess of 30,000 cases per annum, and while the department is open 24 hours a day and has had full-time medical attendants from 8 a.m. to 11 p.m., it has always been the intent to place it on 24-hour medical manning when overnight workloads justified such an arrangement.

During 1973, the Hamilton Civic Hospitals developed a program for manning its emergency departments with full-time salaried physicians, and recruiting has been successful to the point that arrangements have been implemented to place Henderson General Emergency Department on 24-hour full-time physician manning effective February 1, 1974.

The Henderson General Hospital has a 150 seat lecture theatre which is superior to most in the Hamilton area along with teaching units, conference rooms, both hospital operated and shared with the Cancer Clinic.

Discussions were held during 1973 with the University to consider the possibility of establishing additional full-time university teachers at that site and consequently the hospital has established funds in its 1974 Capital Budget to be financed from the hospital's own resources, for the provision of office accommodation for such additional University staff.

Further, the hospital has undertaken to the University that it would place as a high priority for funding from its own resources (and

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Further, the hospital has undertaken to the University that it would place as a high priority for funding from its own resources (and

not as a charge against the Health Resources Development Fund) the provision of such additional teaching space as is appropriate to provide for a more comprehensive teaching program at the Henderson site.

The Hamilton Civic Hospitals have requested from the O.H.R.D.P. fund, resources for the appropriate expansion of radiology and laboratories at the Henderson site which will be accomplished through the renovation of space made available by bed closures effected over the past 2 years. Because this will be by renovations, the funds allocated will permit the laboratories to be nearly doubled in size if this should be necessary, as well as a substantial percentage increase in the area of radiology. It should be noted, however, that the present departments currently meet all of the service and teaching demands placed upon them.

The Hamilton Civic Hospitals has completed the necessary changes to permit for the formal recognition of Ward 375 Henderson General, as an approved psychiatric facility and we are informed by the Ministry of Health that this is at the Lieutenant Governor in Council stage and should be completed within days.

It should be noted that the programs in Obstetrics and Gynecology at the Henderson General, in both service and education, are the most comprehensive in Hamilton. This unit is currently the key unit in the University program in this field and to which are assigned the major number of trainees in this specialty area.

In summary then, the Henderson General Hospital is a large comprehensive service facility with an existing teaching program which is capable of expansion and resources have been planned to meet such teaching requirements as the University proposes.

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requirements as the University proposes.

It is therefore our opinion that the proposed allocation of resources as between the Hamilton General and Henderson General divisions of the Hamilton Civic Hospitals, does provide for the existing and on-going function of the Henderson General Hospital as a comprehensive service and teaching facility.

It is noteworthy that nearly \$1 million of Health Resources Funds have already been expended at the Henderson General site developing the Family Practice Unit and the Obstetrics and Gynecology Research and Teaching Unit, which were the first 2 such special facilities established in the Hamilton area for the University Medical School Program.

Respectfully submitted,

D.M. Green, Chairman, Board of Governors,
Hamilton Civic Hospitals

H.K. Embree, First Vice-Chairman, Board of
Governors, Hamilton Civic Hospitals

O.J. Mirehouse, M.D., Chairman,
Medical Staff Advisory Committee,
Hamilton Civic Hospitals

R.N. Lofthouse, M.D., Chairman,
Technical Sub-Committee of Long
Range Planning Committee,
Hamilton Civic Hospitals

R.W. Cornett, M.D., Co-ordinator of Clinical
Teaching Units, Hamilton Civic Hospitals

W.E. Noonan, M.D., Executive Director,
Hamilton Civic Hospitals.

FEBRUARY 1, 1974.

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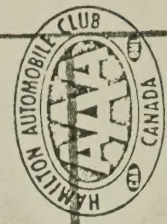
W.E. Hobart, M.D., Executive Director,
Hamilton Civic Hospitals

A P P E N D I C E S

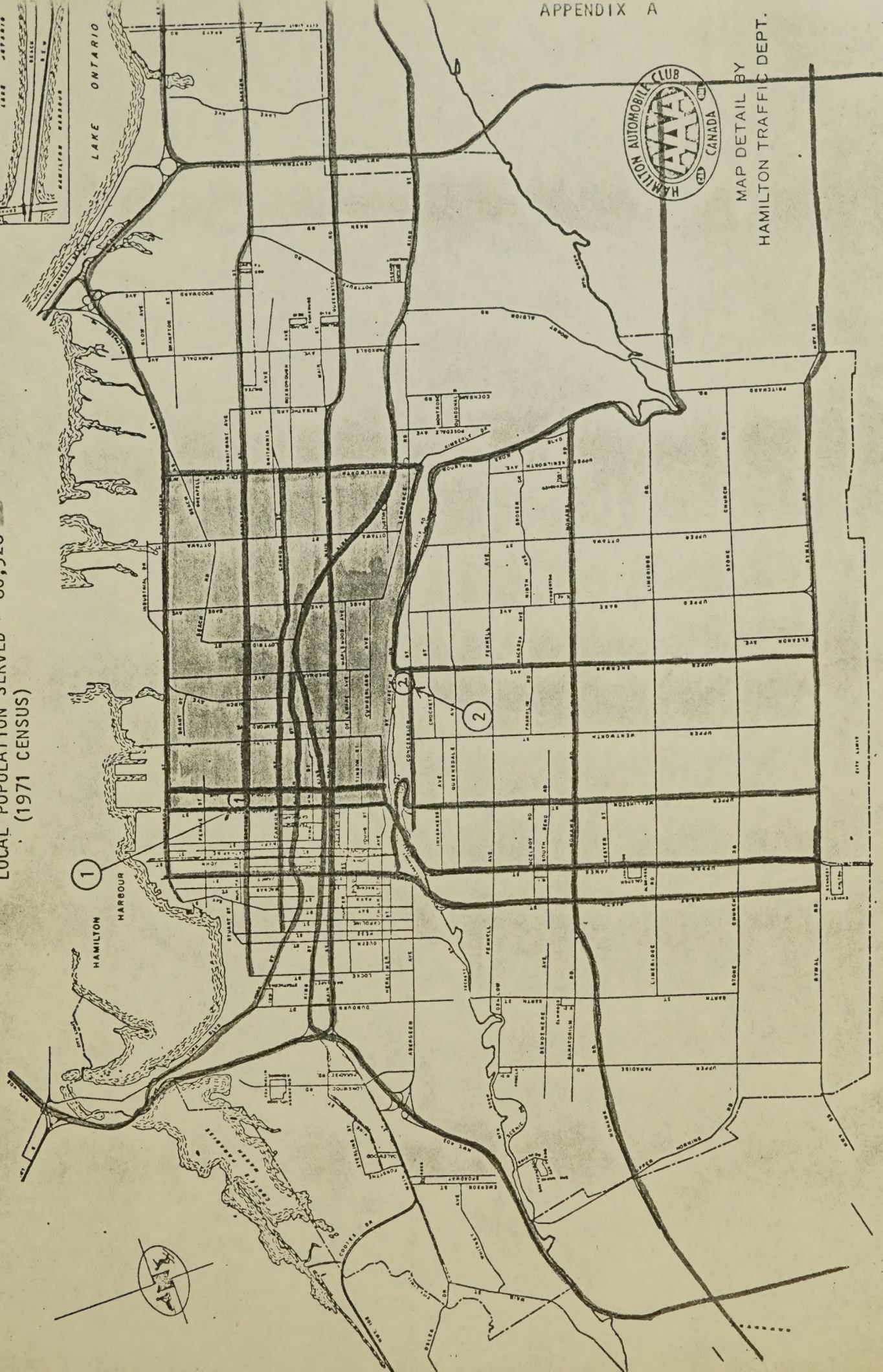
HAMILTON GENERAL HOSPITAL

- 1 Hamilton General Hospital
- 2 Henderson General Hospital

LOCAL POPULATION SERVED = 80,328
(1971 CENSUS)



MAP DETAIL BY
HAMILTON TRAFFIC DEPT.



TOTAL REVENUES COMPARED TO W.C.B. REVENUESIN ACTIVE TREATMENT HOSPITALS * (1972)

<u>HAMILTON</u>	<u>Total \$</u>	<u>W.C.B. \$</u>
Hamilton General	12,658,718	532,732
Henderson General	15,272,949	188,517
McMaster	5,097,619	1,021
Chedoke	8,682,574	216,828
St. Joseph's	19,125,097	311,039
Joseph Brant	7,183,797	113,585
<u>TORONTO</u>		
Toronto General	37,878,893	959,145
St. Michaels	21,571,544	495,952
Sunnybrook	18,215,054	239,878
Toronto Western	20,034,350	413,180
St. Joseph's	13,928,093	330,782
Wellesley	15,180,636	222,880
North York General	12,915,848	166,190
East General and Ortho.	13,440,554	235,302
Mount Sinai	9,754,938	74,833
Women's College	8,036,186	10,345
Sick Children's	26,885,678	---
Princess Margaret	6,754,797	---
Scarborough General	12,330,537	264,667
Scarborough Centenary	10,518,646	86,015
North York Branson	7,385,881	106,966
Queensway	6,006,363	122,761
Doctors Hospital	6,097,489	9,221
York Finch General	6,518,814	168,411
Salv. Army Grace	1,880,043	4,324
Orthopaedic & Arthritic	1,845,614	134,866
Lockwood Clinic	458,263	5,455
North Western General	4,660,769	86,022
Central	3,331,961	84,798
Etobicoke General	1,921,089	77,036
Humber Memorial	6,519,437	196,414

* Reference Table 22 - Hospital Statistics 1972 Ministry of Health.

TOTAL REVENUES COMPARED TO W.C.B. REVENUES
IN ACTIVE TREATMENT HOSPITALS * (1972) - (CONT'D)

	<u>Total \$</u>	<u>W.C.B. \$</u>
<u>LONDON</u>		
Victoria	24,255,753	377,322
St. Joseph's	14,197,105	218,941
University Hospital	2,688,154	2,880
<u>KINGSTON</u>		
Kingston General	15,879,626	182,309
Hotel Dieu	7,252,114	50,383
<u>WINDSOR</u>		
Hotel Dieu	8,230,305	78,344
Salv. Army	6,565,481	49,490
Metro General	6,714,060	58,564
I.O.D.E.	4,675,032	50,772
<u>OTTAWA</u>		
Ottawa Civic	26,269,635	339,876
Ottawa General	16,036,593	116,197
Riverside	5,000,553	22,461
Montfort	3,900,710	48,995
Salv. Army	3,697,529	5,173

TOTAL REVENUES COMPARED TO W.C.B. REVENUES
IN ACTIVE TREATMENT HOSTELS & (1973) - (CONT'D)

<u>LONDON</u>		<u>Total \$</u>	<u>W.C.B. \$</u>
University Hospital	2,608,154	34,222,722	377,322
St. Joseph's	14,127,102		218,941
Victoria			2,680
<u>KINGSTON</u>			
Kingston General	12,872,626		182,366
Hotel Dieu	7,222,114		20,343
<u>VICTORIA</u>			
Hotel Dieu	8,230,202		76,246
Salv. Army	6,262,461		49,480
Netto General	6,716,080		28,244
I.O.D.E.	4,672,062		20,712
<u>OTTAWA</u>			
Ottawa Civic	22,262,632		339,876
Ottawa General	16,036,293		116,162
Riverside	2,000,220		22,461
Montfort	3,200,710		48,992
Salv. Army	2,697,220		2,173

REGIONAL PLAN: PHASE IDefinition of Categories of Teaching and Research Activity

PLAN "A" No defined academic programme at this time.

PLAN "B" Informal academic programme with teaching in relation to patient services but few if any full-time University appointed staff or facilities for specialized investigation and research.

PLAN "C" Comprehensive academic programme with University appointed full-time staff and with facilities for clinical investigation and research.

Plans "A", "B" and "C" do not refer to the size of patient service or quality of health care rendered in that institution. The level of academic programme at an institution is not fixed for an indefinite period and conversion to another level may be considered at a later date.

PLAN "R" Referral centre to provide a special category of patient care for the district or region and requiring extraordinary resources which should not be duplicated or distributed among several hospitals of the district or region. Designation of a unit as a referral centre requires approval by the Hamilton District Hospital Council.

February 17, 1969

REGIONAL PLAN: PHASE I

Definition of Categories of Teaching and Research Activity

PLAN "A"	No defined academic programme at this time.
PLAN "B"	Informal academic programme with teaching in relation to patient services but few if any full-time University appointed staff or facilities for specialised investigation and research.
PLAN "C"	Comprehensive academic programme with University appointed full-time staff and with facilities for clinical investigation and research.
PLAN "D"	Referral centres to provide a special category of patient care for the district or region and requiring extraordinary resources which should not be duplicated or distributed among several hospitals of the district or region. Designation of a unit as a referral centre requires approval by the Hampshire District Hospital Council.

Plans "A", "B" and "C" do not refer to the size of patient service or quality of health care rendered in that institution. The level of academic programme at an institution is not fixed for an indefinite period and conversational matter may be considered at a later date.

REGIONAL PLAN PHASE I (1968 - 1973)ORGANIZATION TEACHING, RESEARCH AND SPECIALIZED SERVICESIN GENERAL HOSPITALS OF HAMILTON DISTRICT

	<u>Barton</u>	<u>Henderson</u>	<u>Hamilton Health</u>	<u>St. Joseph's</u>	<u>University</u>	<u>Brant</u>
<u>BY UNIVERSITY DEPARTMENTS</u>						
Medicine	C	B	C	C	C	A
Surgery	C	B	B	B	C	A
Anesthesia	C	B	A	B	C	A
Pediatrics Medicine + Surgery*	C*	B	C	C*	C*	A
Psychiatry	?	A	C	C	C	A
Pathology	C	C	C	C	C	B
Radiology	C	C	A	B	C	B
Obstetrics & Gynecology	B	C	A	B	C	A
Epidemiology	B	A	B	A	C	A
Family Medicine	?	C	A	B	C	A
Ophthalmology	C	A	A	B	C	A
Otolaryngology	?	A	B	?	C	A
<u>BY MULTI-DEPARTMENTAL SPECIAL SERVICES</u>						
Cardiac	CR	A	A	A	C	A
Respiratory	B	A	C (R=Tb)	CR	C	A
Renal-Electrolyte	A	A	A	C (R=Dialysis)	C	A
Neurological	CR	A	C	A	C	A
Oncology	A	CR	A	A	C	A
Radiotherapy	A	CR	A	A	?	A
Nuclear	B	B	A	B	CR	A
Endocrine-Metabolic	A	B	A	A	C	A
Arthritis & Rheumatism	A	A	CR	A	A	A
Dermatology	A	A	A	B	B	A
Urology	C	A	A	B	C	A
Orthopedics	C	A	B	A	C	A
Trauma	CR	B	A	A	A	?
Plastic	CR	A	B	A	A	A
Perinatology	A	C	A	B	CR	A

REGIONAL PLAN PHASE I (1968-1973)

ORGANIZATION TEACHING RESEARCH AND SPECIALIZED SERVICES

IN GENERAL HOSPITALS OF HAMILTON DISTRICT

BY UNIVERSITY DEPARTMENTS					
Medicine	Barrie	Hobderson	Hamilton Health	St. Joseph's	University
Medicine	C	B	C	C	A
Surgery	C	B	B	B	A
Anesthesiology	C	B	A	B	A
Medicine	CR	B	C	CR	A
Psychiatry	F	A	C	F	A
Pathology	C	C	C	C	B
Radiology	C	C	A	S	B
Obstetrics & Gynecology	C	C	A	B	A
Epidemiology	B	A	B	A	A
Family Medicine	F	C	A	B	A
Ophthalmology	C	A	A	B	A
Otolaryngology	F	A	B	F	A
BY MULTI-DEPARTMENTAL SPECIAL SERVICES					
Cardiac	CR	A	A	A	A
Respiratory	B	A	C (R=TB)	CR	A
Renal-Electrolyte	A	A	A	C (R=Diabetes)	A
Neurological	CR	A	C	A	A
Oncology	A	CR	A	A	A
Radiation Therapy	A	CR	A	A	A
Nuclear	B	B	A	B	CR
Endocrine-Metabolic	A	B	A	A	A
Arthritis & Rheumatism	A	A	CR	A	A
Dermatology	A	A	A	B	A
Urology	C	A	A	B	A
Orthopedics	C	A	B	A	A
Trauma	CR	B	A	A	F
Plastic	CR	A	B	A	A
Perinatology	A	C	A	B	CR

REGIONAL PLAN PHASE I (1968-1973)ORGANIZATION TEACHING, RESEARCH AND SPECIALIZED SERVICESIN GENERAL HOSPITALS OF HAMILTON DISTRICT

	<u>Barton</u>	<u>Henderson</u>	<u>Hamilton Health</u>	<u>St. Joseph's</u>	<u>University</u>	<u>Brant</u>
BY MULTI-DEPARTMENTAL SPECIAL SERVICES (CONT'D)						
Hematology	B	B	B (R=Hemo- philia)	B	C	A
Virology	A	A	A	CR	C	A
Immunology	A	A	A	C	CR	A
Physical Medicine and Rehabilitation	B	B	CR	B	C	B
Gastro-intestinal	A	A	A	A	C	A
Genetics	A	A	B	B	C	A
Forensic Pathology	CR	A	A	A	A	A
Dental	B	A	B	A	B	A

February 17, 1969

REGIONAL PLAN PHASE I (1968-1973)

ORGANIZATION TEACHING, RESEARCH AND SPECIALIZED SERVICES

IN GENERAL HOSPITALS OF MONTGOMERY DISTRICT

BY MULTI-DEPARTMENTAL SPECIAL SERVICES (CONT'D)					
	<u>General Hospital</u>	<u>Hampton Hospital</u>	<u>St. Joseph's Hospital</u>	<u>University</u>	<u>State</u>
Hematology	B	B	B (Hemato- philis)	C	A
Virology	A	A	A	C	A
Immunology	A	A	A	CR	A
Physical Medicine and Rehabilitation	B	B	CR	C	B
Gastro-intestinal	A	A	A	B	A
Genetics	A	A	B	C	A
Forensic Pathology	CR	A	A	A	A
Dental	B	A	B	B	A

APPENDIX D

HAMILTON GENERAL HOSPITAL1973 SERVICE STATISTICS

	<u>In-Patient</u>	<u>Out-Patient</u>
X-Ray	29,596 examinations	30,688 examinations
Laboratory	6,792,901 units	1,203,009 units (13,000 - 15,000 patients)
Out-Patient Department		22,419 visits
Emergency Room	5,702 visits	35,877 visits
Nuclear Medicine	1,225 examinations	368 examinations
Electrocardiograms	10,328	674
Electroencephalograms	948	420

HAMILTON GENERAL HOSPITAL1973 SERVICE STATISTICS

<u>Out-Patient</u>		<u>In-Patient</u>	
X-ray	30,688 examinations	X-ray	29,296 examinations
Laboratory	1,203,000 units (13,000 + 12,000 patients)	Laboratory	6,795,901 units
Out-Patient Department	35,419 visits	Out-Patient Department	35,419 visits
Emergency Room	35,877 visits	Emergency Room	2,702 visits
Nuclear Medicine	368 examinations	Nuclear Medicine	1,525 examinations
Electrocardiograms	674	Electrocardiograms	10,358
Electroencephalograms	420	Electroencephalograms	948



Ontario

Ministry of
Health

15 Overlea Blvd., Toronto M4H 1A9
Tel.: 482-1111, Ext. 2621.

December 7th, 1973.

Mr. R. Auld,
Executive Director,
Hamilton District Health Council,
25 Charlton Avenue East,
HAMILTON, Ontario. L8N 1Y2

Dear Mr. Auld:

Our staff have undertaken an extensive survey as a result of receiving your letter of October 12th, and this note will attempt to summarize our conclusions.

This Ministry, as I am sure you are aware, employs the projections produced by the Ministry of Treasury, Economics and Intergovernmental Affairs, and while we did review those projections of the Hamilton-Wentworth Planning Board, we quite candidly cannot accept them. In fact, reviewing the situation on an historical basis, the growth rate of the Hamilton-Wentworth area has been consistently less than the growth rate of the province and has further suffered a substantial decrease in the last census period (1966-1971). Presumably this indicates a slowing in the economic activity in the Hamilton-Wentworth area in addition to a deceleration resulting from demographic changes. Therefore, it seems to us, in spite of past experience, your Planning Board is utilizing an unreasonably high growth rate for the future which is as much as two and one-half times greater than the expectations for the provinces growth.

Our staff have prepared a comparison of the population projections which clearly demonstrates the differences between governmental figures and those of your Planning Board.

The need and availability of active treatment beds in the Hamilton hospital centre is such that we believe that there will be a large surplus in ten years. Calculated at 4/1000

utilization population, the active treatment bed need is 1833 for 1974, 1999 for 1979 and 2179 for 1984. The potential rated active bed capacity of the Hamilton hospital centre by 1984 (assuming no constraints or conversion of beds to other facilities) is -

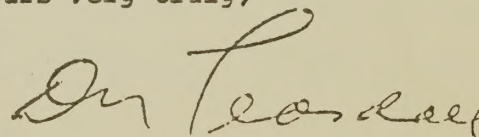
Chedoke General	200
Hamilton General	557
Henderson General	607
McMaster University	404
St. Joseph's	<u>656</u>
Total	<u>2424</u>

(It is my understanding that these rated figures have been confirmed by the hospitals concerned in August of 1974).

In summary then, we believe that for the 10-year period of the Ontario Health Resources Plan to 1984, there will be a surplus of beds of at least 245.

I trust that this information will serve as a firm basis for you to continue with your planning activities so that a 10-year programme can be developed for your area.

Yours very truly,



D. N. Teasdale
Executive Director
Institutional Standards Division.

/eb

att.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
530 SOUTH EAST ASIAN AVENUE
CHICAGO, ILLINOIS 60607-7070

TO: [Name]
FROM: [Name]
SUBJECT: [Subject]
DATE: [Date]

RE: [Subject]

1. [Text]

2. [Text]

Very truly yours,

[Signature]
[Name]
[Title]

APPENDIX E

Page 3

CENSUS POPULATION

PROJECTED POPULATION

	1956	1961	1966	1971	1976	1981	1986	Projection
Ontario	5,353,090	6,182,911	6,943,668	7,703,106	8,328,430	8,998,969	9,682,590	by
growth rate	15.5	12.3	10.9	8.1	8.0	7.5		TEIGA
Hamilton-Wentworth	316,238	348,181	383,175	401,883	435,914	472,113	508,477	
growth rate	10.1	10.0	4.8	8.4	8.3	7.7		
Hamilton-Wentworth				401,883	469,036	528,738		Projections
(low) growth rate				16.7	12.7			Hamilton-
								Wentworth
Hamilton-Wentworth				401,883	489,900	569,614		Planning
(high) growth rate				21.9	16.2			Board

APPENDIX F

WENTWORTH COUNTY POPULATION: PAST, PRESENT AND PROJECTED

<u>Area</u>	<u>1956</u>	<u>1961</u>	<u>1966</u>	<u>1972</u>	<u>1980</u>
Hamilton	250,914	273,991	298,121	304,391	339,761
Ancaster	11,304	13,338	14,960	15,022	24,500
Beverly	4,559	5,023	5,520	5,750	6,600
Binbrook	1,865	2,557	3,131	3,907	5,600
Glanford	4,039	4,714	5,763	6,125	9,000
Saltfleet	13,067	16,424	17,984	19,715	55,000*
West Flamborough Township	5,753	7,001	7,928	8,503	10,700
Town of Stoney Creek	4,506	6,043	7,243	8,458	9,400
Town of Dundas	9,507	12,912	15,501	17,361	27,000
East Flamborough Township	11,895	4,334	5,089	6,180	9,300
Village of Waterdown	<u>1,754</u>	<u>1,844</u>	<u>1,935</u>	<u>2,435</u>	<u>3,000</u>
TOTAL	319,163	348,181	383,175	397,847	499,861

* Including proposed Ontario Housing Corporation Plan (Saltfleet Community Development) and subject to no restriction on the issuance of building permits.

Population Projections for Hamilton are based on data from a report "Population Prospectus; Past, Present, Future" prepared by the City of Hamilton, Planning Department, November 1973. Figures for remainder of Wentworth County are based on data obtained from the Hamilton-Wentworth Planning Area Board.

WENTWORTH COUNTY POPULATION: PAST, PRESENT AND PROJECTED

Area	1956	1961	1966	1972	1980
Hamilton	250,914	273,301	298,121	304,391	339,761
Andover	11,304	13,330	14,900	15,032	24,500
Beavertown	4,259	5,032	5,250	5,750	6,600
Blair	1,862	2,227	3,131	3,907	5,600
Blairford	4,030	4,714	5,763	6,122	9,000
Colfax	12,067	16,424	17,904	19,712	22,000*
East Flamborough Township	2,752	7,001	7,326	8,202	10,700
Hamlet of Hamlet Creek	4,200	6,043	7,243	8,428	9,400
Town of Hamlet	9,207	12,912	12,201	17,361	27,000
East Flamborough Township	11,692	4,234	2,069	6,100	9,300
Village of Waterdown	1,724	1,044	1,927	2,432	3,000
TOTAL	319,163	340,101	362,172	397,847	499,661

* Including proposed Ontario Housing Corporation Plan (241st Community Development) and subject to no restriction on the issuance of building permits

Population projections for Hamilton are based on data from a report "Population Projections: Past, Present, Future" prepared by the City of Hamilton, Planning Department, November 1973. Figures for remainder of Wentworth County are based on data obtained from the Hamilton-Wentworth Planning Area Board.

APPENDIX G

POPULATION PROJECTIONS EAST END OF WENTWORTH COUNTY

<u>Code</u>	<u>Neighbourhood</u>	<u>1972</u>	<u>Planned Growth</u>	<u>Total (1980)</u>
53	Hamilton Beach	2,822	---	2,822
26	Confederation Park	71	---	71
49	Grayside	76	---	76
71	Lakeley	35	---	35
81	Nashdale	58	---	58
85	Parkview East	906	---	906
86	Parkview West	2,120	---	2,120
61H)	Industrial Sector (population not included)			
61J)				
61K)				
61F)				
61G)				
58	Homeside	7,803	---	7,803
82	Normanhurst	4,410	---	4,410
77	McQuesten West	8,132	---	8,132
76	McQuesten East	1,521	---	1,521
65	Kentley	3,374	678	4,052
92	Riverdale West	3,043	1,064	4,107
91	Riverdale East	744	1,170	1,884
50	Greenford	2,019	661	2,680
29	Corman	4,740	---	4,740
46	Glenview East	1,286	---	1,286
47	Glenview West	2,389	---	2,389
9	Bartonville	3,694	---	3,694
94	Rosedale	5,411	---	5,411
67	Lower Kings Forest	13	---	13
109	Vincent	3,025	1,468	4,493
90	Red Hill	2,392	1,078	3,470
42	Gershorne	54	1,319	1,373
Hamilton Total		60,138	7,408	67,546
Binbrook Township		3,907	1,693	5,600
Glanford Township		6,125	2,875	9,000
Saltfleet Township		19,715	35,285	55,000
Town of Stoney Creek		<u>8,458</u>	<u>942</u>	<u>9,400</u>
TOTAL		<u>98,343</u>	<u>48,203</u>	<u>146,546</u>

POPULATION PROJECTIONS EAST END OF MONTGOMERY COUNTY

Code	Neighborhood	1972	Planned Growth	Total (1980)
53	Hamilton Beach	2,822	---	2,822
54	Confederation Park	71	---	71
49	Grayside	76	---	76
71	Lakeview	32	---	32
51	Nashdale	28	---	28
52	Parkview East	806	---	806
56	Parkview West	2,120	---	2,120
51a				
51b				
51c				
51d				
51e				
51f				
51g				
51h				
51i				
51j				
51k				
51l				
51m				
51n				
51o				
51p				
51q				
51r				
51s				
51t				
51u				
51v				
51w				
51x				
51y				
51z				
52	Homestead	7,803	---	7,803
52	Homestead	4,410	---	4,410
77	McQuesten West	8,122	---	8,122
76	McQuesten East	1,221	---	1,221
62	Kentley	3,374	678	4,052
52	Riverdale West	3,043	1,064	4,107
51	Riverdale East	744	1,170	1,914
50	Greenford	2,019	681	2,700
50	Greenford	4,740	---	4,740
46	Glenview East	1,286	---	1,286
57	Glenview West	2,389	---	2,389
9	Barclayville	3,694	---	3,694
54	Rosedale	2,411	---	2,411
67	Lower Kings Forest	13	---	13
102	Vincent	2,022	1,468	3,490
50	Red Hill	2,322	1,078	3,400
52	Gershome	24	1,319	1,343
	Hamilton Total	60,138	7,408	67,546
	Brook Township	3,207	1,693	4,900
	Glenford Township	6,122	2,872	8,994
	Southwest Township	12,712	32,282	44,994
	Town of Stoney Creek	8,428	572	8,999
	TOTAL	90,343	48,203	138,546

APPENDIX H

ADJUSTED POPULATION PROJECTIONS EAST END OF WENTWORTH COUNTY

<u>Code</u>	<u>Neighbourhood</u>	<u>1972</u>	<u>Adjusted Planned Growth</u>	<u>Total (1980)</u>
53	Hamilton Beach	2,822	---	2,822
26	Confederation Park	71	---	71
49	Grayside	76	---	76
71	Lakeley	35	---	35
81	Nashdale	58	---	58
85	Parkview East	906	---	906
86	Parkview West	2,120	---	2,120
61H)				
61J)				
61K)	Industrial Sector (population not included)			
61F)				
61G)				
58	Homeside	7,803	---	7,803
82	Normanhurst	4,410	---	4,410
77	McQuesten West	8,132	---	8,132
76	McQuesten East	1,521	---	1,521
65	Kentley	3,374	456	3,830
92	Riverdale West	3,043	716	3,759
91	Riverdale East	744	787	1,531
50	Greenford	2,019	444	2,463
29	Corman	4,740	---	4,740
46	Glenview East	1,286	---	1,286
47	Glenview West	2,389	---	2,389
9	Bartonville	3,694	---	3,694
94	Rosedale	5,411	---	5,411
67	Lower Kings Forest	13	---	13
109	Vincent	3,025	988	4,013
90	Red Hill	2,392	726	3,118
42	Gershome	54	888	942
Hamilton Total		60,138	5,005	65,143
Binbrook Township		3,907	1,139	5,046
Glanford Township		6,125	1,935	8,060
Saltfleet Township		19,715	23,746	43,461
Town of Stoney Creek		<u>8,458</u>	<u>634</u>	<u>9,092</u>
TOTAL		<u>98,343</u>	<u>32,459</u>	<u>130,802</u>

ADJUSTED POPULATION PROJECTIONS EAST END OF MONTGOMERY COUNTY

Code	Neighborhood	1975	Adjusted Forecast Growth	Total (1980)
23	Hamilton Beach	2,825	---	2,825
26	Confederation Park	71	---	71
49	Grayside	76	---	76
71	Lakely	32	---	32
81	Nashdale	28	---	28
82	Parkview East	906	---	906
88	Parkview West	2,120	---	2,120
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
27	Homestead	2,803	---	2,803
28	Normanurst	4,410	---	4,410
33	McGowan West	8,132	---	8,132
36	McGowan East	1,221	---	1,221
42	Kentley	3,374	456	3,830
52	Riverdale West	3,043	716	3,759
53	Riverdale East	744	787	1,531
59	Greenford	3,019	444	3,463
62	Gorman	4,740	---	4,740
66	Glenview East	1,286	---	1,286
67	Glenview West	2,389	---	2,389
7	Bartonville	3,694	---	3,694
84	Rosedale	2,477	---	2,477
67	Lower Kings Forest	13	---	13
102	Vincent	3,028	988	4,016
96	Red Hill	2,322	726	3,048
42	Gresham	24	888	912
	Hamilton Total	60,138	2,002	62,140
	Brook Township	3,207	1,139	4,346
	Glenn Township	6,122	1,332	7,454
	Eastview Township	12,715	23,746	36,461
	Town of Stony Creek	8,328	634	8,962
	TOTAL	88,342	22,452	110,794

APPENDIX I

1971 CENSUS FIGURES

Census Tracts Between Mountain, Bay, Wellington Street and Kenilworth Avenue

Census Tract

1971 Population

19

4,937

20

5,416

21

6,268

22

6,682

23

3,463

24

3,700

25

3,786

26

9,439

27

1,496

28

3,468

29

4,858

30

5,536

31

2,844

32

3,940

Total to Ottawa

65,833

33

4,130

34

5,407

35

4,958

Total to Kenilworth

80,328

1971 CENSUS FIGURES

Consume Tracts Between Hamilton Bay, Wellington Street and Kenilworth Avenue

<u>Census Tract #</u>	<u>1971 Population</u>
19	4,937
20	8,416
21	8,368
22	8,602
23	3,463
24	3,700
25	3,786
26	8,430
27	1,406
28	3,468
29	4,028
30	3,336
31	4,044
32	<u>3,160</u>
Total to Ottawa	68,033
33	4,130
34	2,403
35	<u>4,220</u>
Total to Kenilworth	80,313

APPENDIX J

AMBULANCE TRAVEL TIME FROM SALTFLEET TO DISTRICT HOSPITALS

Review of all Code 3 and 4 calls in the area east of #20 Highway (Centennial Parkway) and the lapsed time from scene to hospital, during December, 1973.

To Hamilton General

From

Highridge Ave.	10
Warwick Rd.	16
#8 & Green Rd.	15
#8 & Jones Rd.	21
#8 & Worsley	25
#8 & Lake Ave.	12
S.C. Arena	12
Mountain Ave. S.	18
Tapleytown & Highland Rd.	10
Federal St.	18
Centennial Pkwy.	14
Grays Rd.	12
S.S.R. & Burford	17
Violet Dr.	16
Delawana Dr.	17
King W. S.C.	16
Hwy. 20 & Mud St.	14
N.S.R. & Jones Rd.	16
90 King E. S.C.	19
Mud & 2nd Rd. E.	16
Violet Dr.	<u>15</u>
TOTAL TIME	329 min.
AVERAGE TIME	15.6 min.

To Henderson General

From

First St.	13
Cherrywood Dr.	20
3rd E. & Highland	13
Fruitland Rd.	18
King St. E. S.C.	15
#8 & Gray's Rd.	12
Battlefield Dr.	17
Byron Ave.	15
Lakeview Dr.	18
Margaret Ave.	<u>15</u>
TOTAL TIME	156 min.
AVERAGE TIME	15.6 min.

To Joseph Brant Memorial Hospital

From

Lake Ave.	12
Village Green	12
Queenston & Lake	10
S.C. Traffic Cir.	12
Queenston Rd. S.C.	12
Delawana Dr.	16
King St. E.	12
Mountain Ave. S.	18
Centennial Pkwy.	<u>7</u>
TOTAL TIME	106 min.
AVERAGE TIME	11.7 min.

To St. Joseph's

From

Dewitt Rd.	25
Barlake Ave.	19
Mud & 2nd E.	15
Bow Valley Dr.	18
Barlake Ave.	16
King W. S.C.	13
345 #8 Hwy.	17
Mill St.	15
Jones Rd.	15
First St.	<u>13</u>
TOTAL TIME	166 min.
AVERAGE TIME	16.6 min.

To West Lincoln Memorial Hospital

From

#8 & Dewitt	14
1109 Hwy. #8	9
McNeilly Rd.	<u>16</u>
TOTAL TIME	39 min.
AVERAGE TIME	13.0 min.

Total Code 3 and 4 ambulance calls from Saltfleet = 796 mins.

Average Travel Time of calls for December 1973 = 15.02 mins.

APPENDIX K

COST OF RELOCATION OF HAMILTON GENERAL HOSPITAL TO EAST END SITE

ON 400 BED CAPACITY

A.	Construction Costs		
1.	New Construction Hospital proper		
	600,000 sq. ft. @ \$50. per sq. ft.	=	\$30,000,000.
2.	School Facilities		
	(50% of space available at Barton St. site)		
	60,000 sq. ft. @ \$40. per sq. ft.	=	2,400,000.
3.	Boiler plant and electrical sub-station	=	<u>6,000,000.</u>
			\$38,400,000.
B.	Architects Fees @ 8%	=	3,072,000.
C.	Land Acquisition (based on estimated cost of Quigley side road site in 1968)	=	300,000.
D.	Survey fees, permits, etc.	=	<u>50,000.</u>
	Total Cost for East End Relocation	=	\$41,822,000.

COST OF RELOCATION OF HAMILTON GENERAL HOSPITAL TO EAST END SITEON 400 BED CAPACITY

A.	Construction Costs		
	1. New Construction Hospital proper		
	600,000 sq. ft. @ \$50. per sq. ft.	=	\$30,000,000.
	2. School facilities		
	(50% of space available at Barton St. site)		
	60,000 sq. ft. @ \$40. per sq. ft.	=	2,400,000.
	3. Boiler plant and electrical sub-station	=	6,000,000.
			<u>\$38,400,000.</u>
B.	Architects fees @ 3%	=	3,072,000.
C.	Land Acquisition (based on estimated cost of Gulley side road site in 1958)	=	300,000.
D.	Survey fees, permits, etc.	=	50,000.
	Total cost for East End Relocation	=	<u>\$41,822,000.</u>

APPENDIX L

HAMILTON GENERAL HOSPITAL

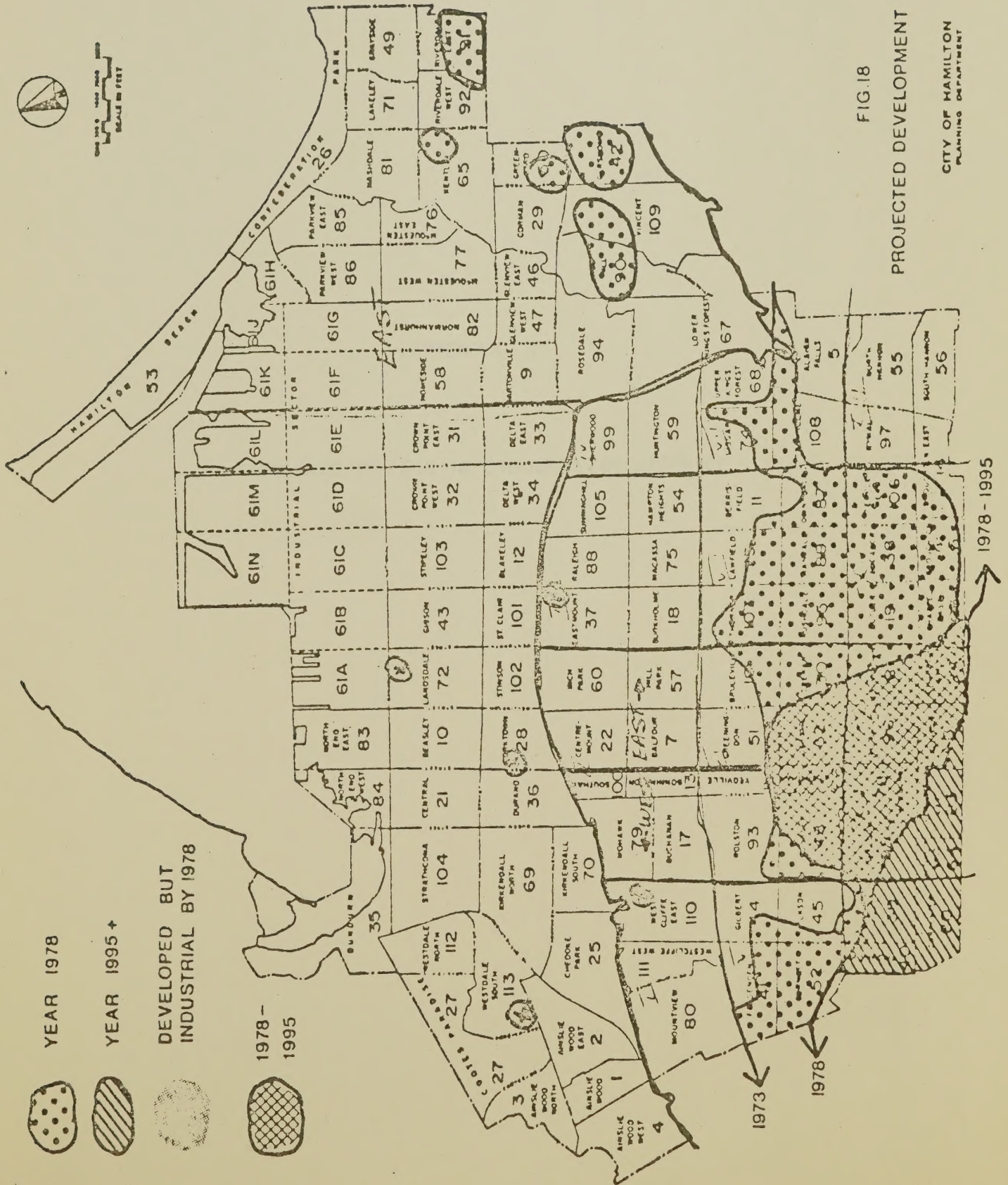
BUILDINGS REMAINING THROUGHOUT REDEVELOPMENT ON THE PRESENT SITE

	<u>Sq. Ft.</u>	<u>Cost/Sq. Ft.</u>	<u>Replacement Value</u>
Sr. Nurse's Residence	120,067	\$25.00	\$ 3,000,000.
Interne's Residence	10,530	25.00	260,000.
Parking Ramp	118,830	4.25	550,000.
Boiler Room	3,182)		6,000,000.
Power Plant	1,498)		
Maintenance Shops	14,600	15.00	219,000.
Cooper Wing	69,356	45.00	3,120,000.
Animal Research Building	1,632	15.00	24,000.
Personnel Building	5,700	15.00	85,000.
Olmstead Wing	<u>31,208</u>	<u>45.00</u>	<u>1,400,000.</u>
Total	376,603 sq. ft.		
Average Cost		\$38.92 sq. ft.	
Total Replacement Value of Buildings			\$14,658,000.

HAMILTON GENERAL HOSPITAL

BUILDINGS REMAINING THROUGHOUT REDEVELOPMENT ON THE PRESENT SITE

<u>Replacement Value</u>	<u>Cost/sq. ft.</u>	<u>Sq. ft.</u>	
\$ 3,000,000.	\$25.00	120,000	St. Wase's Residence
200,000.	25.00	10,530	Intern's Residence
250,000.	4.25	110,030	Parking Ramp
6,000,000.		3,182	Boiler Room
		1,498	Power Plant
210,000.	12.00	14,600	Maintenance Shops
3,150,000.	45.00	69,356	Cooper Wing
20,000.	12.00	1,632	Animal Research Building
82,000.	12.00	5,700	Personnel Building
<u>1,400,000.</u>	<u>12.00</u>	<u>31,208</u>	Olmstead Wing
		376,603 sq. ft.	Total
	\$30.92 sq. ft.		Average Cost
\$14,520,000.			Total Replacement Value of Buildings



APPENDIX N

AMBULANCE TRAFFIC IN THE HAMILTON DISTRICT

TABLE 4:1 - ST. JOSEPH'S HOSPITAL (HAMILTON)

<u>Patients Arriving From</u>	<u>Number</u>	<u>% of Total</u>
+ Community	2,558	89.1
# Hospitals	295	10.9
TOTAL	2,853	100.0

+ Community:

Downtown)	1,310	45.9
West Hamilton) City	255	8.9
Mountain)	259	9.0
Dundas	152	5.3
Stoney Creek	70	2.4
Interchange Q.E.W. & Highway #2	59	2.0
Other	453	15.9

Hospitals:

Cancer Clinic	70	2.5
Henderson General	27	.9
Chedoke	26	.9
Hagersville	26	.9
Grimsby	15	.5
Dr. Rygiel's Home for Children	10	.3
Galt	10	.3
Hamilton General	10	.3
Joseph Brant Memorial	9	.3
Other	52	1.8

Other Hospitals include:

Warton	(1)
Dunnville	(6)
Southampton	(2)
Walkerton	(2)
Copper Cliff	(1)
Rest Haven Private Hospital (Hamilton)	(1)
Kincardine	(1)
Fort Erie	(1)
Milton	(4)
Renfrew	(1)
Brantford (St. Joseph's)	(3)
Port Colborne	(2)
Simcoe	(4)
Oakville Trafalgar Memorial	(1)
Guelph General	(3)
Welland County General	(4)
Guelph (St. Joseph's)	(2)
Peterborough Civic Hospital	(1)
Belleville General	(1)
St. Peter's Hospital (Hamilton)	(4)
Brantford General	(5)
St. Joseph's Hospital (Hamilton)	(1)

TABLE 4:2 - HAMILTON GENERAL HOSPITAL (See Accompanying Map)

<u>Patients Arriving From</u>	<u>Number</u>	<u>% of Total</u>
+ Community	2,322	86.8
# Hospitals	352	13.1
TOTAL	2,674	99.9

+ Community:

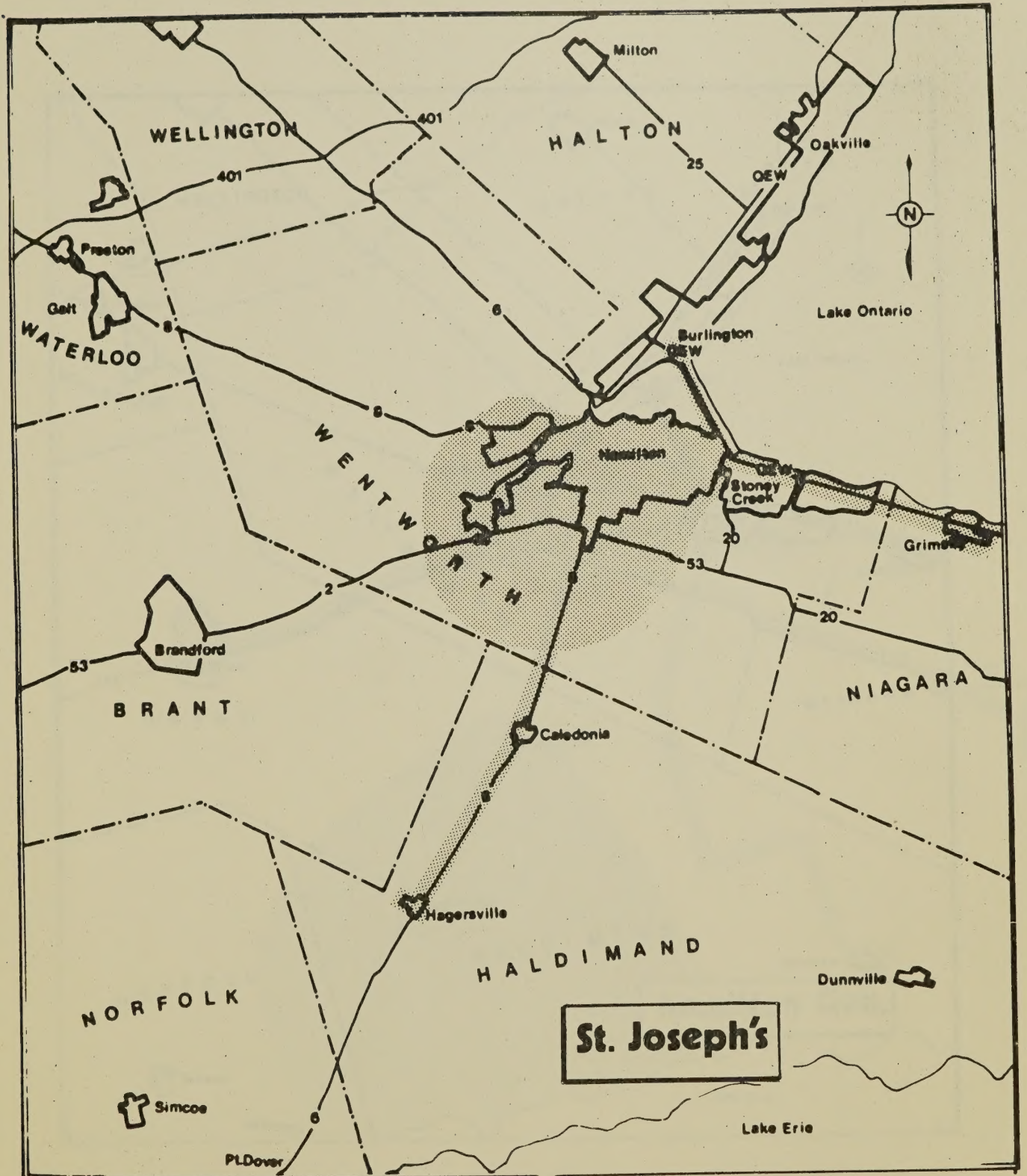
Downtown	)	1,753	65.5
West Hamilton	) City	128	4.8
Mountain	)	57	2.1
Macassa Lodge	)	60	2.9
Stoney Creek		115	4.3
Dundas		8	.4
Other		201	8.6

Hospitals:

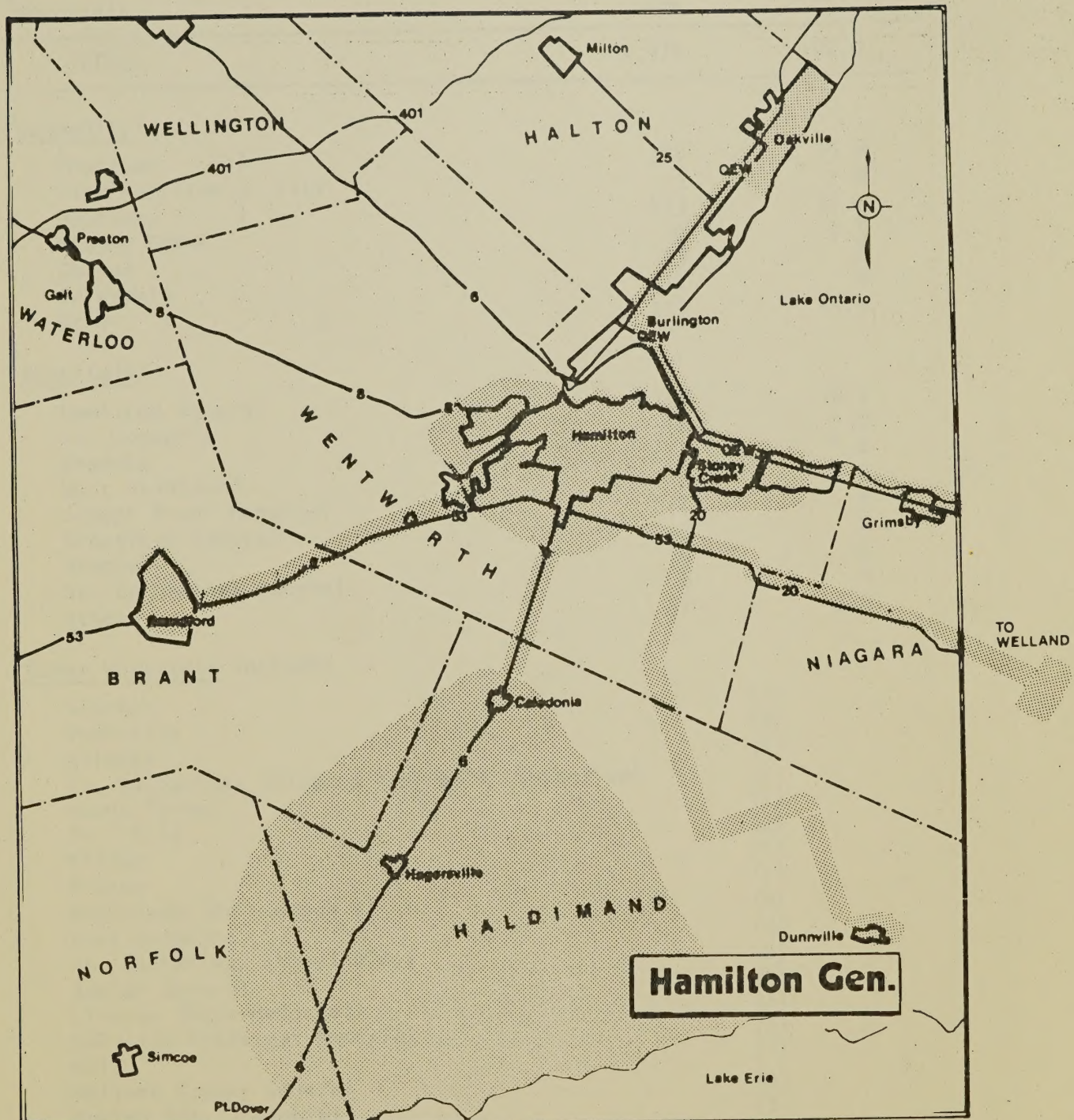
Henderson	108	4.0
Grimsby	24	.9
Oakville Trafalgar Memorial	22	.8
Welland County General	19	.7
Brantford General	19	.7
Hagersville	17	.6
Joseph Brant Memorial	17	.6
St. Joseph's	14	.5
Dunnville	13	.5
Other	97	3.6

Other Hospitals include:

Wingham	(4)
Niagara-on-the-Lake	(1)
Fergus	(1)
Fort Erie	(6)
Paris	(6)
Georgetown	(1)
Milton	(7)
Kitchener (St. Mary's)	(1)
Woodstock General	(2)
Brantford (St. Joseph's)	(8)
Port Colborne	(7)
St. Catharines (Hotel Dieu)	(2)
Simcoe	(9)
Guelph General	(8)
Parry Sound General	(1)
Galt	(7)
St. Catharines General	(3)
Guelph (St. Joseph's)	(4)
St. Peter's Hospital	(7)
Kitchener-Waterloo Hospital	(1)
Niagara Falls (Greater Niagara General)	(2)



MAP 4:1



MAP 4:2

TABLE 4:3 - HENDERSON GENERAL HOSPITAL

<u>Patients Arriving From</u>	<u>Number</u>	<u>% of Total</u>
+ Community	1,178	79.9
# Hospitals	296	20.1
TOTAL	1,474	100.0

+ Community:

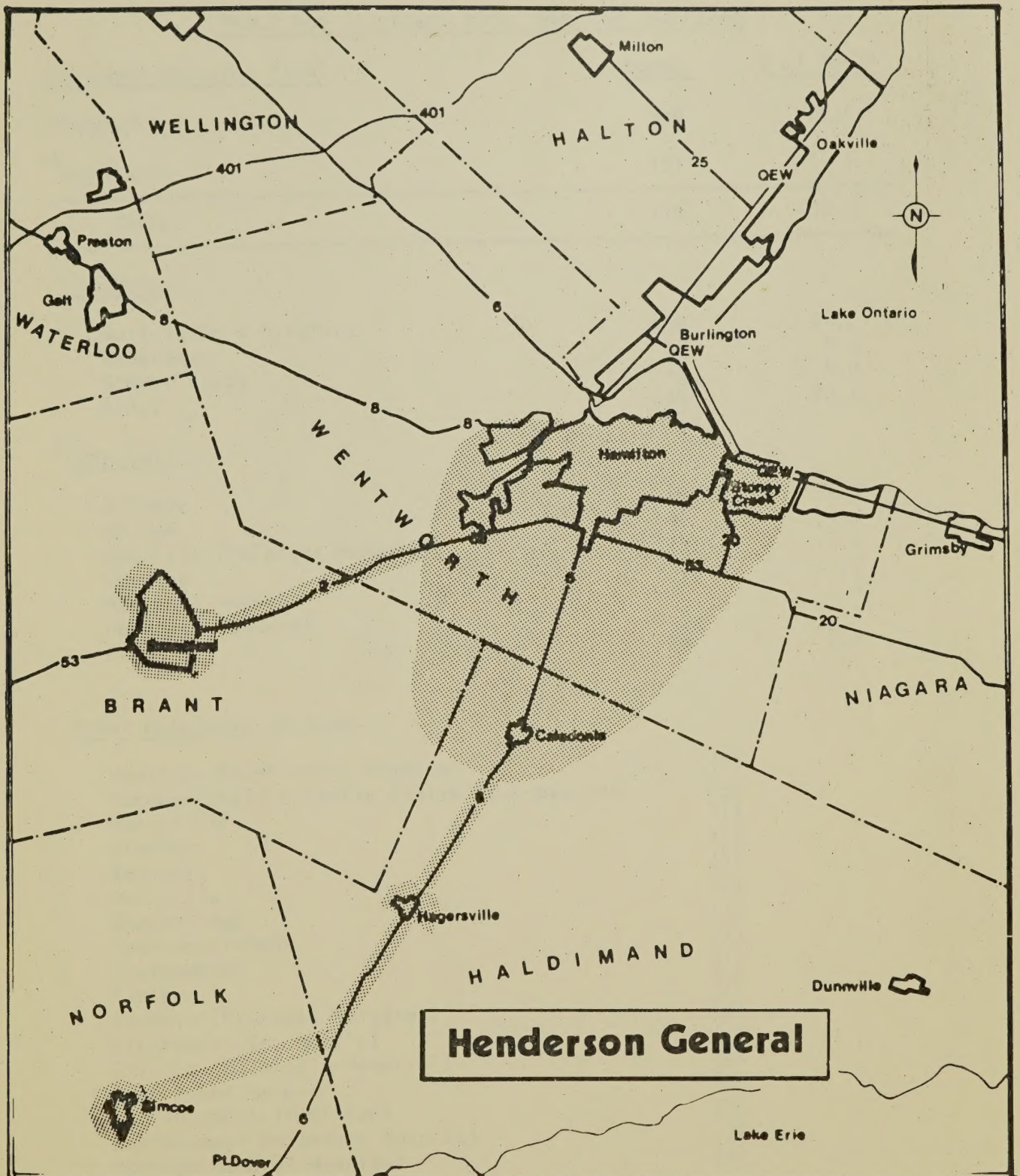
Downtown)	378	25.6
West Hamilton) City	23	1.5
Mountain)	473	32.1
Stoney Creek	50	3.4
Dundas	13	.8
Caledonia	12	.8
Other	229	15.5

Hospitals:

Hamilton General	158	10.7
St. Joseph's	18	1.2
Chedoke	15	1.0
West Haldimand	14	1.0
Joseph Brant Memorial	12	.8
Brantford General	9	.6
Simcoe	8	.5
St. Catharines General	8	.5
Other	52	3.5

Other Hospitals include:

Warton	(1)
Dunnville	(5)
Grimsby	(6)
St. Catharines (Niagara Peninsula Sanitorium)	(1)
Mount Forest	(1)
Fort Erie	(2)
Milton	(1)
Picton	(1)
Brantford (St. Joseph's)	(4)
Port Colborne	(2)
St. Catharines (Hotel Dieu)	(2)
Guelph General	(4)
Lindsay (Ross Memorial)	(1)
Oakville Trafalgar Memorial	(2)
Galt	(1)
Welland County General	(3)
Guelph (St. Joseph's)	(2)
St. Peter's Hospital	(3)
Kitchener-Waterloo Hospital	(1)
Niagara Falls (Greater Niagara Hospital)	(3)
Toronto General	(2)
London (Victoria)	(2)



MAP 4:3

TABLE 4:4 - JOSEPH BRANT MEMORIAL HOSPITAL

<u>Patients Arriving from</u>	<u>Number</u>	<u>% of Total</u>
+Community	968	86.5
#Hospitals	151	13.5
TOTAL	1,119	100.0

+Community:

Burlington & District	650	58.1
Waterdown	47	4.2
Stoney Creek	45	4.0
Other	226	20.1

#Hospitals:

Grimsby	49	4.3
Milton	46	4.1
Oakville Trafalgar Memorial	14	1.2
Chedoke	8	.7
Hamilton General	5	.4
Henderson General	5	.4
Other	24	2.1

Other Hospitals include:

Hamilton Psychiatric Hospital	(1)
Chedoke Child & Family Centre (out-patient)	(3)
Huntsville	(1)
Warton	(1)
Bancroft	(1)
Dunnville	(1)
Bracebridge	(1)
Penetanguishene	(1)
Southampton	(1)
Paris	(1)
Toronto (Princess Margaret)	(2)
Kitchener (St. Mary's)	(1)
Orillia (Soldier's Memorial)	(1)
Owen Sound General	(2)
St. Joseph's (Hamilton)	(2)
Scarborough Centenary Hospital	(1)
Toronto General Hospital	(3)

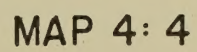


TABLE 4:5 - CHEDOKE HOSPITAL

<u>Patients Arriving From</u>	<u>Number</u>	<u>% of Total</u>
⁺ Community	208	54.0
[#] Hospitals	177	45.9
TOTAL	385	99.9

⁺Community:

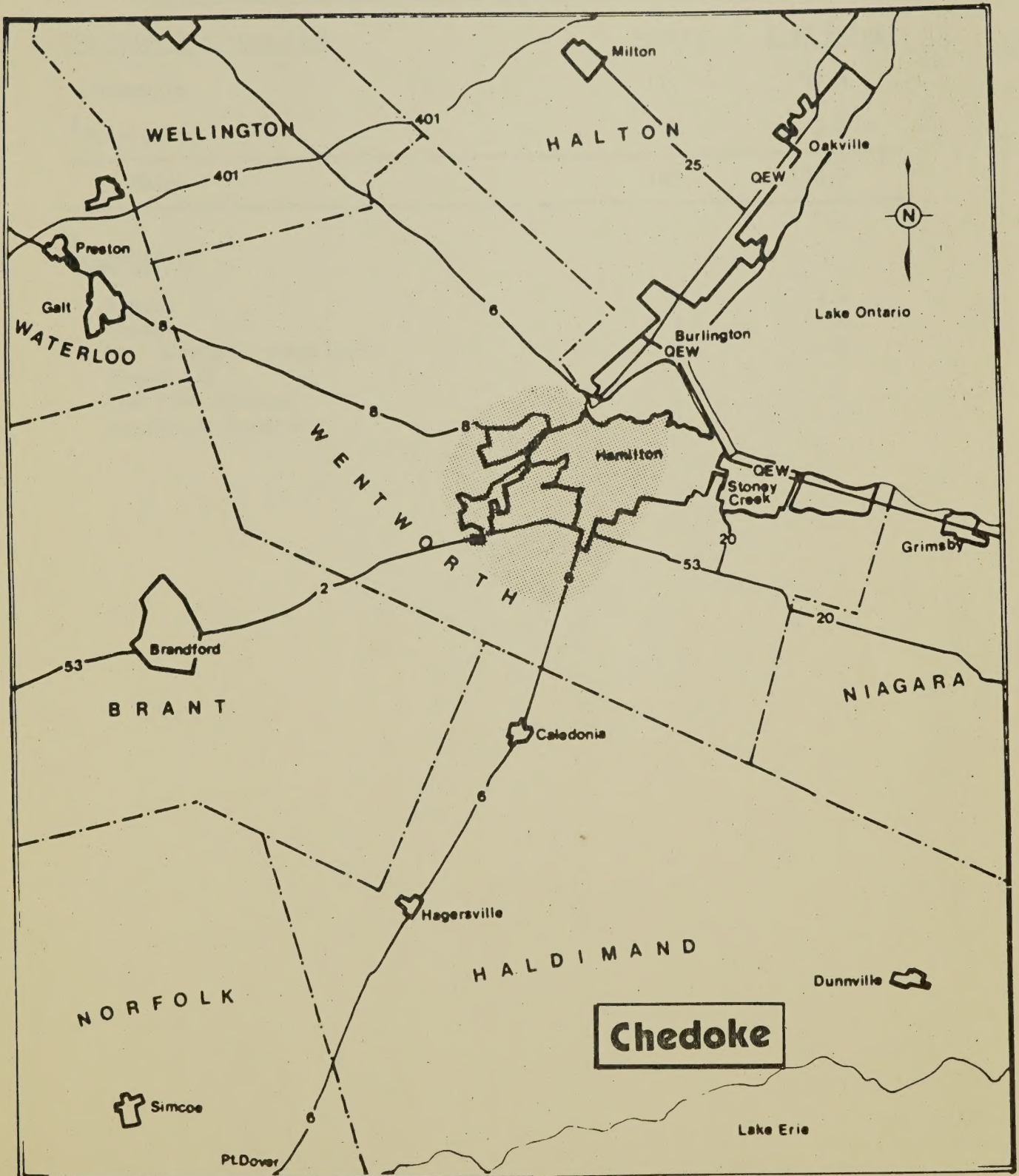
Downtown)	40	10.3
Mountain) City	85	22.1
Dundas	32	8.3
Burlington	10	2.6
Caledonia	11	2.7
Other	30	7.8

[#]Hospitals:

St. Joseph's	73	18.9
Joseph Brant Memorial	16	4.1
Hamilton General	16	4.1
Henderson General	16	4.1
Cancer Clinic	10	2.6
Other	46	11.9

Other Hospitals include:

Hamilton Psychiatric Hospital	(5)
Burks Falls	(1)
Dunnville	(6)
Grimsby	(4)
Hagersville	(7)
Hanover	(1)
Little Current	(2)
Paris	(1)
Milton	(2)
Tillsonburg	(3)
Simcoe	(6)
Barrie	(1)
St. Catharines General	(1)
Kitchener-Waterloo Hospital	(2)
Brantford General	(3)
Sudbury General	(1)



MAP 4:5

TABLE 4:6 - WEST HALDIMAND GENERAL HOSPITAL (HAGERSVILLE)

<u>Patients Arriving From</u>	<u>Number</u>	<u>% of Total</u>
Community	171	92.4
# Hospitals	14	7.6
TOTAL	185	100.0

Hospitals:

Simcoe	4	2.1
Chedoke	3	1.6
St. Joseph's (Hamilton)	3	1.6
Dunnville	1	
Hamilton General	1	
Henderson General	2	

TABLE 4:7 - HAMILTON PSYCHIATRIC HOSPITAL

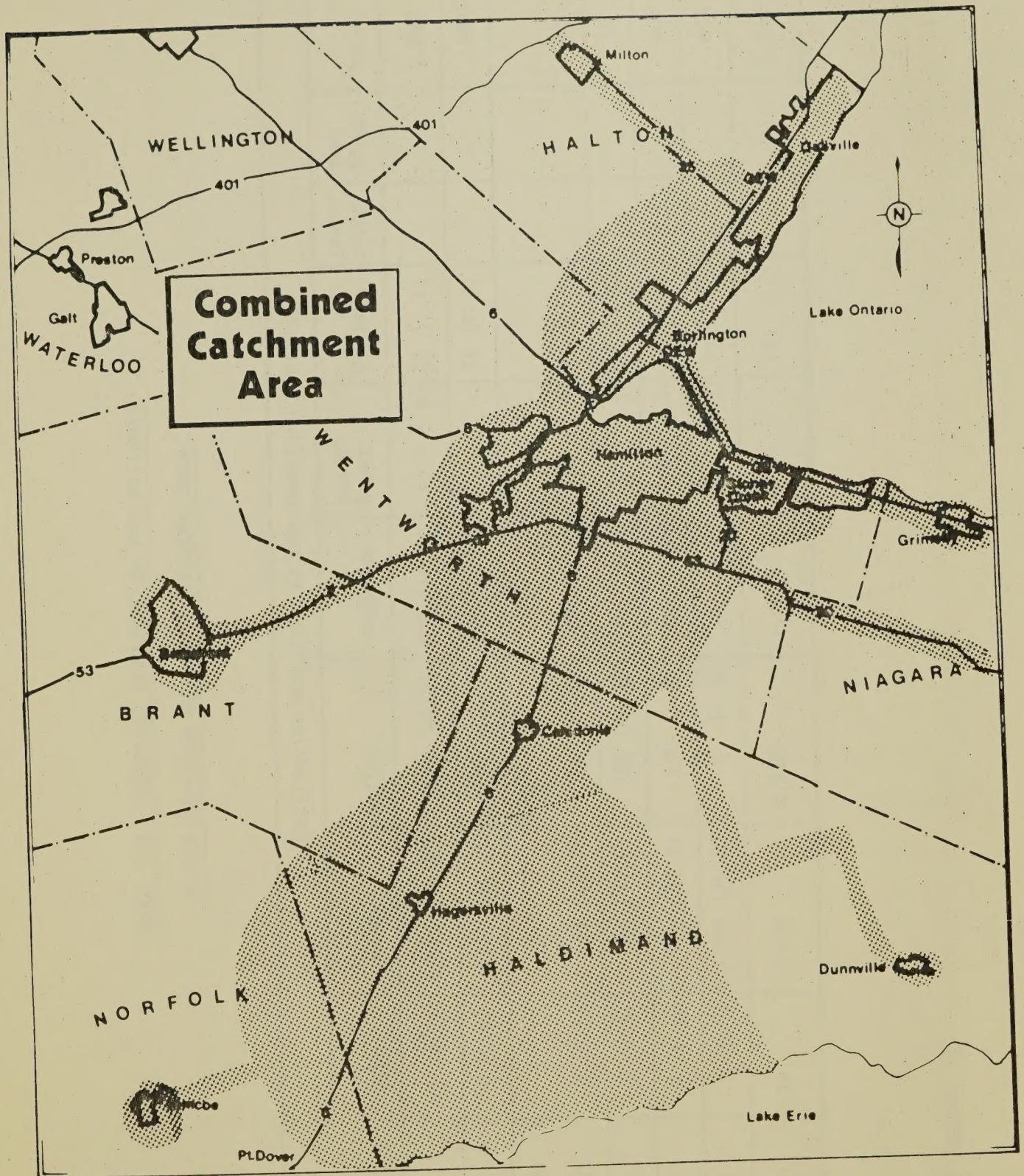
<u>Patients Arriving From</u>	<u>Number</u>	<u>% of Total</u>
Community	33	15.2
# Hospitals	183	84.7
TOTAL	216	99.9

Hospitals:

St. Joseph's (Hamilton)	111	51.4
St. Catharines General	16	7.4
Brantford General	10	4.6
Joseph Brant Memorial	6	2.7
Chedoke	6	2.7
Welland County General	6	2.7
Henderson General	6	2.7
Greater Niagara General	5	2.3
Hamilton General	5	2.3
Other	12	5.5

Other Hospitals include:

Dunnville	(1)
Grimsby	(100)
Hagersville	(2)
Bracebridge	(1)
Fort Erie	(1)
Milton	(1)
Port Colborne	(1)
St. Catharines (Hotel Dieu)	(1)
Mississauga	(1)
Galt	(1)

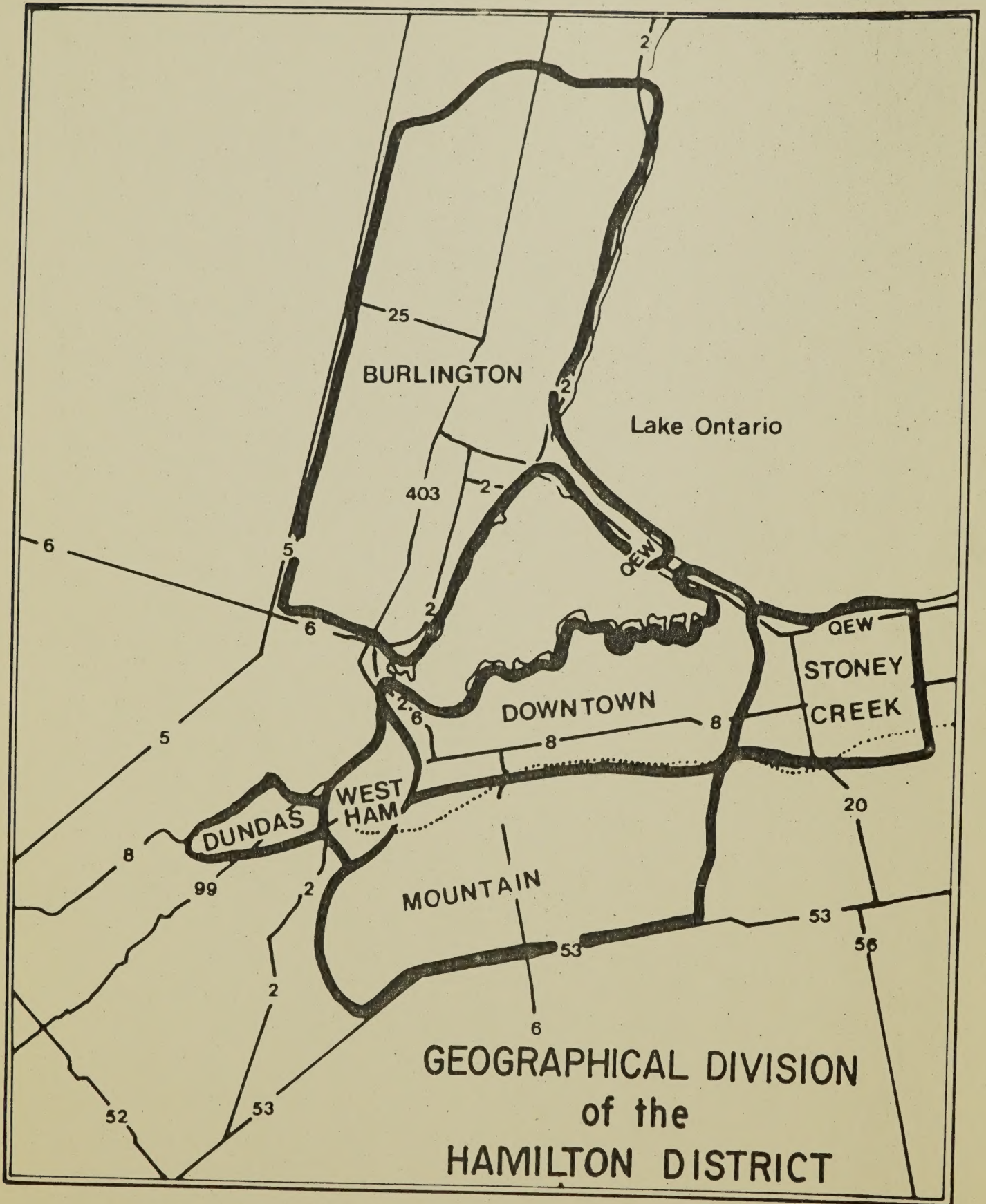


MAP 4:8

TABLE 4:9 - HOSPITAL DESIGNATION FOR PATIENTS
IN THE HAMILTON PRIMARY CATCHMENT AREA

Primary Catchment Area	Destination Hospital in the Hamilton District								
	Other	St. Joseph	Barton	Henderson	Joseph Brant	Chedoke	West Hald.	Ham. Psych.	Total
Downtown	*22 (0.5)	1,412 (36.5)	1,897 (49.1)	438 (11.3)	40 (1.0)	55 (1.4)			3,864
Mountain	5 (0.5)	352 (35.7)	130 (13.2)	468 (47.6)		29 (2.9)			984
West Hamilton (West of Highway 403)	2 (0.9)	157 (70.7)	24 (10.8)	12 (5.4)	12 (5.4)	15 (6.7)			222
Stoney Creek	2 (0.6)	60 (17.9)	153 (45.8)	70 (20.9)	48 (14.4)	1 (0.3)			334
Dundas	2 (0.9)	169 (81.2)	8 (3.8)	10 (4.8)	5 (2.4)	14 (6.7)			208
Burlington	1 (0.1)	66 (10.1)	8 (1.2)	8 (1.2)	561 (85.7)	10 (1.5)			654
TOTAL	34	2,216	2,220	1,006	666	124			6,266

* Number (%)



MAP 4:9



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